

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUL 24 1936

23521

1. PLACE OF DEATH

County Madison
Township Polk
City..... (No.....)

Registration District No. 538
Primary Registration District No. 5729

File No.....
Registered No. 47
St..... Ward.....

2. FULL NAME

Mrs. Ellie Zabill

(a) Residence, No..... St..... Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. M. Zabill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 31-1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>6</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936
22. I HEREBY CERTIFY That I attended deceased from June 1, 1936 to June 12, 1936
I last saw her alive on June 12, 1936 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:
Valvular heart lesions followed by general edema of patient's body
Date of onset 1/4/36
Other contributory causes of importance:
General lion and kidney toxemia

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Mo</u>
	13. NAME <u>Prine Brown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Jane Brown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sand Knau</u>
	17. INFORMANT <u>J. M. Zabill</u> (ADDRESS) <u>Frederick town Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove cemetery</u> DATE <u>June 14, 1936</u>	
19. UNDERTAKER <u>Ed. Hilbert</u> (ADDRESS) <u>Frederick town Mo</u>	
20. FILED <u>June 12, 1936</u> <u>S. A. S. Langhater</u> Registrar.	

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Therry Benson M. D.
(Address) Fredericktown Mo

Ray C. A. Schwantes

