

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

SEP 21 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30503

1. PLACE OF DEATH

County Franklin. Registration District No. 297
Township _____ Primary Registration District No. 3016
City Washington, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 76

2. FULL NAME Allen William Edward Zeugin.

(a) Residence, No. 202 W. 2nd St., Washington, Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13th, 1921.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann, Mo.

FATHER 13. NAME Harvey Charles Zeugin.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland, Missouri.

MOTHER 15. MAIDEN NAME Irene Winthorst.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drake, Missouri.

17. INFORMANT Harvey Charles Zeugin. (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Aug. 12, 1936.

19. UNDERTAKER Nieburg & Vitt, Inc., (ADDRESS) Washington, Mo.

20. FILED Aug 9 - 1936 H. H. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8th, 1936.

22. HEREBY CERTIFY, That I attended deceased from July 21 - 1936 to Aug. 8 - 1936

First saw him alive on Aug. 8 - 1936 Death is said to have occurred on the date stated above, at 10:45 A. M.

The principal cause of death and related causes of importance were as follows:

acute perforative gangrenous Date of onset July 20, 1936
appendicitis - perforated
Septic peritonitis

Other contributory causes of importance:

General Septicemia

Name of operation appendectomy Date of 7-27-36

What test confirmed diagnosis Blair's method Was there an autopsy? No.

23. If death was due to external causes (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) H. H. May, M. D. (Address) Washington, Mo.

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

