

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1936

36791

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township WASHINGTON Primary Registration District No. 1001
City ST. JOSEPH (No. 2531, PACIFIC ST.)

File No. _____
Registered No. 1320
St. _____ Ward _____

2. FULL NAME ZORA DELL WICKISER

(a) Residence, No. 2531 PACIFIC 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 1, 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>55</u>	<u>10</u>	<u>17</u>	

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GRUNDY COUNTY, MISSOURI

13. NAME JAMES L. PEPRY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

15. MAIDEN NAME ELIZABETH BERRIKMAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT MRS. OYERLY, SISTER.

(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND CITY, MO. DATE OCT. 20, 1936, 19__

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.

20. FILED Oct 19, 1936 H. J. Mattheus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 18, 1936, 19__

22. I HEREBY CERTIFY, That I attended deceased from 18th Oct. to 19th Oct., 1936
I last saw h. ER... alive on 18th Oct., 1936 Death is said to have occurred on the date stated above, at 5:15 P.m.

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

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Chas. H. Gair, D.C. M. D.
(Address) 2523 Pacific

