1938 BUREAU (TE BOARD OF HEALTH F VITAL STATISTICS FICATE OF DEATH Do not use this space.
1. PLACE OF DEATH County Buchanan Registration Township Primary Reg	85 District No. 1001 Stration District No. 1001 Registered No. 1001
cuy St. Joseph (No St. Jose 2. FULL NAME Frank Martin Zumw	oh's Hospital
(a) Residence, No. 1624 North 3rd. (Usual place of abode) Length of residence in city or town where death occurred 52yrs. 6	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31 , 1
Male White Married 5A. IF MARRIED, VIDOWED, OR DIVORCED HUSBAND OF Laura Zumwalt	22. HEREBY CERTIFY That I attended deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30,1884	Tractian anyeon.
7. AGE YEARS MONTHS DAYS If LESS 15 52 6 1 day,	In 1 The principal cause of death and related causes of importance were as for his.
8. Trade, profession, or particular kind of work done, as spinner. Manager, Grocery sawyer, bookkeeper, etc.	- alle deladation Cet
kind of work done, as spinner-Manager, Grocery sawyer, bookkeeper, ctc. 9. Industry or business in which work was done, as silk mill, Beattie Store # saw mill, bank, etc.	
10. Date deceased last worked at this occupation (growth and year) spent in this occupation.	Yn Other contributors censes of importance:
12. BIRTHPLACE (CITY OR TOWN) St. JOSEPH (STATE OR COUNTRY) Missouri	Of myserdels. "
I 13. NAME James Zumwalt	Pronellie chrone
13. NAME James Zumwalt 14. BIRTHPLACE (CITY OR TOWN) St. Joseph, M (STATE OR COUNTRY) Missouri	Name of operation. Date of
15. MAIDEN NAME Jennie Mahar	23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homicide?
(STATE OR COUNTRY) Missouri	(Specify Mityler town, county, and State) Specify whether injury occurred in ignustry, in home, or in public place.
17. INFORMANT Mrs. Laura Zumwalt. (ADDRESS) 1624 No. 3rd. St. Joseph. Mo.	Manner of injury
18. BURIAL, CREMATION, OR REMOVANT . Moza Cemet	Nature of injury
19. UNDERTAKER H.O.Sidenfaden (ADDRESS) 1802 Union StroSt. Joseph. M	On (Signed Fan Ly Nordeyau M
20 FILED MAR 2 1936 AN METERS	(Address) tempoliner alle.

WITH UNFADING INV---INIS IS A PERMANENT RECORD

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