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.

MAY 16 1936

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

Do not use this space.

37907

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township [illegible] — Primary Registration District No. 1002
City Kansas City (No. K C Gen Hosp St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME George Zumwalt
(a) Residence, No. 2109 E 38th Terrace Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27 1878

7. AGE YEARS 58 MONTHS 2 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Ill

FATHER
13. NAME Wm Zumwalt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Mary Little
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Record Clerk K C Gen Hosp KC

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 10-30-36 19

19. UNDERTAKER (ADDRESS) Quick Tobin 20 Wc Linwood K.C. Mo

20. FILED Oct 29 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1936, to 10-28, 1936
I last saw her alive on 10-28, 1936 Death is said to have occurred on the date stated above, at 12:19 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic cirrhosis of liver	

Other contributory causes of importance:
Ruptured oesophageal varices

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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?
If so, specify
(Signed) J H Jennett, M. D.
(Address) Supt K C Gen Hosp KC Mo