

FEB 19 1937

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

Do not use this space.

File No. **2810**
Registered No. _____
City _____ (No. _____) St. _____ (Ward _____)

1. PLACE OF DEATH
County **St. Charles** Registration District No. **913**
Township **Excelsior Springs** Primary Registration District No. **5296 A**
City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME **T. Robert E. Lee Zuckerson**
(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 **73 yrs. 2 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) **M**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Katie B. Zuckerson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 24, 1863**

7. AGE YEARS **73** MONTHS **2** DAYS **—** If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **191**

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **1**

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

13. NAME **Peter H Zuckerson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Charles, Mo**

15. MAIDEN NAME **Maude J. Montague**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT **P. J. Zuckerson**
(ADDRESS) **Defiance, Mo**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Newell Cemetery** DATE **1-29-1937**

19. UNDERTAKER **Maria Bruchman**
(ADDRESS) **Hannover, Mo**

20. FILED **1-28-1937** **O. R. Blumenthal**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-26-37** 19 **37**

22. I HEREBY CERTIFY That I attended deceased from **request on Jan. 24, 1937**
Last seen alive on _____ 19 _____ Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Apoplexy. # _____

Other contributory causes of importance: **800**

Name of operation _____ * Date of _____ **1-26-37**
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? _____ * 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 **No injury, died of natural**
Nature of injury _____ **CAUSES.**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____
(Signed) **John H. Buse** # _____
(Address) **Coroner**

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.

