

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township WASHINGTON Primary Registration District No. 1001
City ST. JOSEPH, MO. (No. 1303 BUCHANAN AVE.) St. 7 Ward 149

2. FULL NAME WALTER RALFIGH ZELIFF

(a) Residence, No. 1327 POLK T. OPEKA, KAN. St. 7 Ward 149
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. BESSIE ZELIFF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 14TH. 1889
7. AGE YEARS MONTHS DAYS 47 11 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FIELD LGR. NEWS PAPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TOPEKA DAILY CAPITOL
10. Date deceased last worked at this occupation (month and year) FEB. 8 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) FAIRFAX, MO.
(STATE OR COUNTRY)

13. NAME JOHN WESLEY ZELIFF

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN PENN.
(STATE OR COUNTRY)

15. MAIDEN NAME NETTIE LONG

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

17. INFORMANT MRS. BESSIE ZELIFF
(ADDRESS) 1327 POLK TOPEKA, KAN.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE FEB. 8TH. 1937

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

20. FILED FEB 9 1937 A. J. Nuttle
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 6TH. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1937 to Feb 6 1937
I last saw him alive on Feb 6 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Sudden severe
pain 30 min.

Other contributory causes of importance:
Coronary heart disease
"3 whos"

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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. S. Fausch, M. D.
(Address) St. Joseph Mo

