

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

Do not use this space.

APR 29 1937

1. PLACE OF DEATH

County North
Township Union
City Grand City (No. _____)

Registration District No. 904
Primary Registration District No. 6218

File No. 14025
Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Zollman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 1907</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>8</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>printer</u>
	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) <u>Oct 1936</u>
	11. Total time (years) spent in this occupation <u>7</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackton Iowa

13. NAME Reese Zollman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Virginia

15. MAIDEN NAME Agnis Kupinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackton Iowa

17. INFORMANT (ADDRESS) Reese Zollman Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackton, Mo. DATE 3/19/37

19. UNDERTAKER (ADDRESS) John C. Dumbley Grand City, Mo.

20. FILED Mar. 23, 1937 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1937 to 3-19-, 1937
I last saw him alive on 3-18-, 1937. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation of heart
Date of onset 1930

Other contributory causes of importance:
Influenza & food poisoning (1930)

Name of operation _____ 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? _____ 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) B. J. Hoess, M.D., M. D.
(Address) Grand City Mo

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.

