MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 398 — File No. 16586
Township BLUE — Primary Registration District No. 5554 — Registered No. 143
City — (No. 905 CEDAR AVE. FAIRMOUNT STATION KANSAS CITY, MO. St. Ward)

2. FULL NAME FRANCIS HENRY ZANG
(a) Residence, No. 905 CEDAR AVE. St., Ward. FAIRMOUNT STATION KANSAS CITY, MO.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. 5 mos. 3 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~~ BEULAH MAY ZANG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 15, 1885

7. AGE: YEARS 51 — MONTHS 5 — DAYS 3 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK RECLAMATION DEPT.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ARMOUR & CO.
10. Date deceased last worked at this occupation (month and year) APRIL 14, 1937
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MO.

FATHER
13. NAME GEORGE ZANG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOCKHAVEN PENN

MOTHER
15. MAIDEN NAME ELIZABETH PRUDHOMME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEWARK N.Y.

17. INFORMANT (ADDRESS) MRS. BEULAH M. ZANG 905 CEDAR AVE. FAIRMOUNT STA. K.C. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION Elmwood DATE APRIL 20, 1937

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME. 815 W. MAPLE AVE. INDEP. MO.

20. FILED 4-28-1937 F. L. Cook Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 18, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937, to April 18, 1937
I last saw h. M. alive on April 18, 1937. Death is said to have occurred on the date stated above, at 7:05P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (both lungs) | |
| 11a | |

Other contributory causes of importance:
Influenza

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

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) James [illegible], M. D.
(Address) 1424 Profen Bldg —

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.