

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

Do not use this space.

JUN 12 1937

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1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 816 West 39th Terrace) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Charles Albert Ziph

(a) Residence, No. 816 W. 39th Terrace St. Ward _____
(Usual place of abode) (If nonresident, give city & town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 1937, to _____, 1937

I last saw him alive on _____, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1900

to have occurred on the date stated above, at 10:30 a.m.

7. AGE YEARS 36 MONTHS 10 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Date of onset

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

Gunshot wound of heart
Suicide

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: 169

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

Name of operation _____ Date of _____

MOTHER FATHER 13. NAME George H. Ziph

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 1937

MOTHER 15. MAIDEN NAME Mary Jane Carey

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

Specify whether injury occurred in industry, in home, or in public place. Home

17. INFORMANT (ADDRESS) Mrs. Mary J. Ziph
816 W. 39th Terrace

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5-7-37

Nature of injury _____

19. UNDERTAKER (ADDRESS) QUIRK AND TOBIN CO.
20 W. Linwood

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILED 5-5- 1937 M. M. Crowe and Registrar.

(Signed) _____ M. D.

(Address) Coroner's Office

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

