

JUL 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23195

1. PLACE OF DEATH

County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Joseph, (No. 2401 Sacramento St. St. _____ Ward _____)

2. FULL NAME

Robert Peniston Zook

(a) Residence, No. 2401 Sacramento St. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy B. Zook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1949

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
87 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Retail
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Merchant.
 10. Date deceased last worked at this occupation (month and year) Unk. 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Oregon, (STATE OR COUNTRY) Missouri

13. NAME William Zook
 14. BIRTHPLACE (CITY OR TOWN) Wooster, (STATE OR COUNTRY) Ohio.

15. MAIDEN NAME Martha N. Peniston
 16. BIRTHPLACE (CITY OR TOWN) Wooster, (STATE OR COUNTRY) Ohio.

17. INFORMANT William W. Zook (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE June 14, 1937

19. UNDERTAKER Walter Meischner (ADDRESS) 1302 Faron St. St. Joseph, Mo.

20. FILED 6/14/37 W. H. Heston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1937 19 37

22. I HEREBY CERTIFY, That I attended deceased from 5-10- 1937, to 6-12- 1937

I last saw him alive on 6-10- 1937. Death is said to have occurred on the date stated above, at 10.45 A.M.

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

Pulmonary Edema.

Date of onset 6-6-37

Other contributory causes of importance:

Fracture of femur

Jan-23,

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc. Date of injury No report
 Where did injury occur? In California - no fact
 (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? Yes
 If so, specify Old fracture of femur

(Signed) Paul J. Jorgensen, M. D.

(Address) Tootle Bldg. St. Joseph, Mo.

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**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-

File No. 23195-

Township St. Joseph

Primary Registration District No. 1001

Registered No. 480

City St. Joseph (No.)

St. Ward)

2. FULL NAME Robert Persinton Jank

(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 yrs. mos. 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) widow

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 5- 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) 11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6/14 1937 A. H. Beckwith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 12 - 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw him 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:

Pulmonary Edema Date of onset

Terminal due to

Senility + fracture of hip. (in California)

Other contributory causes of importance:

fracture occurred in 1933. No History

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?

If so, specify

(Signed) Paul J. Jaraman M. D.

(Address) St. Joseph Mo

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