

AUG 27 1937  
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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 Osage Registration District No. 640430 File No. 27974  
Township Sumner Primary Registration District No. 3-8-44 Registered No. 17  
City Sumner (No. .... St. .... Ward)

2. FULL NAME

Henry J. Zeilmann  
(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 DIVORGED (*write the word*) widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28/1887  
7. AGE YEARS 50 MONTHS 0 DAYS 26 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter house  
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) 1929 11. Total time (years) spent in this occupation.

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

13. NAME John Zeileman

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

15. MAIDEN NAME Elizabeth Neuvous

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

17. INFORMANT Mrs. Peter Roter (ADDRESS) Sumner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner, Mo. DATE July 26, 1937

19. UNDERTAKER Seton, Hewitt (ADDRESS) Sumner, Mo.

20. FILED July 26, 1937 Mrs. Dora Jett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937  
22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1937, to 7-24, 1937  
I last saw him alive on 7-24, 1937. Death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:

Typhoid Fever  
Date of onset

Other contributory causes of importance:  
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) W. U. McElmley, M. D.  
(Address) Channah, 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.

WRITE PLAIN

