

WRITE PLAINLY WITH ONE-DING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

SEP 16 1937

1. PLACE OF DEATH

County Cooper  
Township Ruby  
City Bunton (No. 1)

Registration District No. 219  
Primary Registration District No. 4132

File No. 30514  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary E Zeigle  
(a) Residence, No. Bunton, Mo. Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 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 Female 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 Andrew J Zeigle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 08 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeping  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cooper Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph H Moore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucinda Carver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)

14. INFORMANT E H Moore  
(Address) Bunton Co Mo

15. FILED 4-30-37 Ann Whitaker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1937

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1936 to April 22, 1937 that I last saw him alive on April 22, 1937, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Central Pneumonia  
10  
2 (duration) about 56 hrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

Heart (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) Rodley, M. D.

4/23, 1937 (Address) Bunton Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bunton Masonic Cemetery 4-24-37

20. UNDERTAKER Locke Funeral Service ADDRESS Bunton Mo

586-4

RS-71-8

LS-22-7

7.581

38

1961