NOV 16 1937

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

Do not use this space.

File No. 37256

Registered No. 252

1. PLACE OF DEATH

County: Butler — Registration District No. 89

Township: — Primary Registration District No. 3007

City: Poplar Bluff, Mo. (No. Victory, St. St. Ward)

2. FULL NAME: Glenn Valene Zuck

(a) Residence, No. Victory 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): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel F. Zuck

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

7. AGE: Years 37 — Months 0 — Days 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Greenville, Missouri

FATHER

13. NAME: J.H. Zuck

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

MOTHER

15. MAIDEN NAME: Lena Elam

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

17. INFORMANT (ADDRESS): Ethel F. Zuck, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery
PLACE: Poplar Bluff, Mo. DATE: 10/16, 1937

19. UNDERTAKER (ADDRESS): Frank Und. Co., Poplar Bluff, Mo.

20. FILED: 10/16, 1937 O. Kulsinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1937, to Oct. 13, 1937

I last saw him alive on Oct. 12, 1937. Death is said to have occurred on the date stated above, at 12:02 a.m.

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

	Date of onset
Pulmonary Tuberculosis	

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) Alfred P. Lowe, M. D.

(Address) Poplar Bluff

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.