

REC'D MAY 17 1938

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

14127

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan
(b) Township Marion
(c) City Marion
(e) Length of residence in city or town where death occurredRegistration District No. 82Primary Registration District No. 5723
2 M.E.3 M. No SanAntoneRegistered No. 4

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sebastian Zug200(a) Residence, No. 2 M.E.3 M. No SanAntone, Mo. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Jan. 12, 1859.

7. AGE

YEARS

79

MONTHS

3

DAYS

4

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Retired

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

Farmer

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

Jan. 1, 1938.11. Total time (years) spent in this occupation 50 Yrs

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

Buchanan County, Missouri.

13. NAME

Joseph Zug

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

Unknown Germany

15. MAIDEN NAME

Mary Kessler

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

Unknown Ohio.

17. INFORMANT (ADDRESS)

Frank Zug Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

St. Mary's Cent Hurlinger, Mo. DATE April 18, 1938

19. FUNERAL DIRECTOR (ADDRESS)

H.O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED

5710 1938 D.F. Biggins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1938, to Mar 2, 1938I last saw him alive on Mar 2, 1938 Death is said to have occurred on the date stated above, at 6 A.M.

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

Metabolic insuff.

Other contributory causes of importance:

Nephritis, Arterio-sclerotic changes, Diabetes mellitus.Name of operation None Date of Feb 18What test confirmed diagnosis? Urin Was there an autopsy? No

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 Frank Hurlinger M. D.(Signed) Limpach Bleg. (Address)

92a

STATEMENT BY LICENSED EMBALMER

I, Albert E. Harrington, Licensed Embalmer No. 3258
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self
L. E.
No. ✓ or by ✓, Registered Apprentice No. ✓
working under my personal supervision.

Signed Albert E. Harrington
Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

14127

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
(b) Township Marion Primary Registration District No. 5123
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sebastian Zug

(a) Residence, No. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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.
79 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1938

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

I last saw h. 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:

mitral Insuf.

Date of onset

Other contributory causes of importance:

Chronic
arterio sclerosis

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) Frank Hardigan, M. D.

(Address) Highway 130

