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.

REC'D JUN 14 1938

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

Do not use this space.

3

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph
Registration District No. 85
Primary Registration District No. 1001 State Hosp #2
File No. 17784
Registered No. 560
(No. ... St. ... Ward)

2. FULL NAME Joe Zwiegel (ZWIEGEL)
(a) Residence, No. Kansas City, Mo St., ... Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ... yrs. ... mos. 22 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: Pauline Zwiegel unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/23 1862
7. AGE: YEARS 76, MONTHS 3, DAYS 2. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor
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): Germany

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hospital Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo DATE ..., 19...
19. UNDERTAKER (ADDRESS): Mo C L Foster K. C. Mo
20. FILED 5/25 1938 H J Stittebrub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to May 25, 1938
I last saw him alive on May 24, 1938 Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:
Central Nervous System Lues — Date of onset: ?
34

Other contributory causes of importance:
Senility

Name of operation ... Date of ...
What test confirmed diagnosis? Laboratory 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? No
If so, specify ...
(Signed) R. Kuhlman, M. D.
(Address) State Hosp. No. 2