

REC'D AUG 26 1938

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

Do not use this space.

26317

## 1. PLACE OF DEATH

 County Ray  
 Township Richmond  
 City MO. Richmond (No. 1)

 Registration District No. 244  
 Primary Registration District No. 3035

 File No. \_\_\_\_\_  
 Registered No. 161 \_\_\_\_\_  
 \_\_\_\_\_ St. \_\_\_\_\_ Ward)

## 2. FULL NAME

William Hughes Zett 230

(a) Residence, No. \_\_\_\_\_ 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 Margaret Hart6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14-1870
 7. AGE YEARS 68 MONTHS 3 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gaber

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) Rose Bank Scotland13. NAME David Zett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rose Bank Scotland15. MAIDEN NAME Anna Hughes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rose Bank Scotland17. INFORMANT (ADDRESS) Robert Zett Wessa Oklahoma18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Stage DATE June 27th 193819. UNDERTAKER (ADDRESS) Brothers Funeral Home Richmond Mo.20. FILED 8-1 1938 Marjorie McDonald Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 193822. I HEREBY CERTIFY That I attended deceased from June 22 1938, to June 23 1938. Last saw him alive on June 23 1938. Death is saidto have occurred on the date stated above, at 10:15 A.M.

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

Arterio-sclerotic heart 95127 ?

Other contributory causes of importance:

Advanced Arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis clinical Was there an autopsy? Yes

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? YesIf so, specify \_\_\_\_\_ (Signed) GW Gaines, M. D.(Address) Richmond, 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.

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