REC'D SEP 14 1938

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

Do not use this space.

File No. 28341
Registered No. 833

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. 1220 North 13th. St. Ward)
Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME: Fred Zohnd
(a) Residence, No. 1220 North 13th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 yrs. - mos. - ds. How long in U. S., if of foreign birth? 43 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: Ida Zohnd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 16, 1856.

7. AGE: Years 81 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (Common)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Various Packing plants.
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Switzerland

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

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT: Mrs. Ida Zohnd
(ADDRESS) 1220 N. 13th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE Aug. 12, 1938

19. UNDERTAKER: H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 8/11, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 9, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937 to Aug 9, 1938
I last saw him alive on Aug 5, 1938 Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and myocardial degeneration	4 months
93 C	

Other contributory causes of importance:

Arteriosclerosis	1 yrs
Eczema vesiculosum	1 yr

Name of operation: ✓ Date of:
What test confirmed diagnosis? Clinical 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? None
If so, specify

(Signed) G. H. Werner M. D.
(Address) 221 Kirkpatrick Bldg St. Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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