

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

Do not use this space.

DEC 21 1938

38493

1. PLACE OF DEATH

County Audrain
Township Loutre
City 260 Barbara Zwicker (No. 2)

Registration District No. 23
Primary Registration District No. 5032A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

260 Barbara Zwicker

(a) Residence, No. Benton City St. _____ Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 3 8

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

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) St. Louis, Mo.

13. NAME Jacob Huloff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Martha Huloff

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

17. INFORMANT (ADDRESS) Frank Waters
Benton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Church DATE Nov. 2, 1938

19. UNDERTAKER (ADDRESS) Chas. Arnold Jr.
Mexico, Missouri

20. FILED Nov 2 1938 Wm. Hutchinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-38

22. I HEREBY CERTIFY, That I attended deceased from 10-20-38 to 11-1-38

I last saw him alive on 10-20-38 Death is said to have occurred on the date stated above, at 10 a. m.

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

Cardiac Hemorrhage
8231
10/20/38

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? C 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) J. H. Aniser (M. D.)
Mexico Mo (Address)

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

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.

V. S. NO. 2
FORM-10-22-38
I X 9314

RECEIVED

District Health Officer No. 10

District File Number 10-38-637

Date Filed 12-16-38