

REC'D MAR 10 1939

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

7689

Do not use this space.

1. PLACE OF DEATH

(a) County ST. FRANCOIS Registration District No. 779
(b) Township RANDOLPH Primary Registration District No. 66240
(c) City DESLOGE, MO. (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HELEN RUTH ZOLEMAN
(a) Residence, No. DESLOGE, MO. 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 FEMALE 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 DUEBART ZOLEMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 11 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
29 11 22
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. Housewife
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) MISSOURI

FATHER 13. NAME SMITH HAMBY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CROFORD COUNTY

MOTHER 15. MAIDEN NAME DOLLIE BAKER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CROFORD COUNTY

17. INFORMANT (ADDRESS) DUEBART ZOLEMAN
Desloge, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE CANTWELL DATE 3-5-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. BIVEL
Desloge, Mo.

20. FILED 3-9 39 W. P. Blackworth
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1938, to 3, 1939

I last saw her alive on Mar 3, 1939. Death is said to have occurred on the date stated above, at 2:43 p.m.

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

Chronic Nephritis

Date of onset
2.2.39

Other contributory causes of importance:

Uræmic Coma

3.1.39

Name of operation X Date of X

What test confirmed diagnosis? Albumin Was there an autopsy? X

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) Wm. L. ..., M. D.

(Address) Jarvis ...

700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Burtin J. Boyer

Licensed Embalmer No.

3660

P. O. Address

Desloge, Mo.

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

If this body is not embalmed, above space should be left blank.