

DEC'D APR 15 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

10662

Do not use this space.

## 1. PLACE OF DEATH

(a) County DeKalb 2 Registration District No. 259  
 (b) Township Camden 1 Primary Registration District No. 4158 Registered No. 1  
 (c) City Maysville (d) Street No. 1 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 Mary Frances Zug.

(a) Residence, No. 1 St. 1  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Zug.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 1864

7. AGE YEARS 72 MONTHS 6 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year) At Home

11. Total time (years) spent in this occupation At Home

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Zepp.

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) !

MOTHER 15. MAIDEN NAME Georgeann Dillard

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

17. INFORMANT Mrs Burt Phelps, (ADDRESS) Maysville Mo.

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn, Maysville DATE 3/11 1939

19. FUNERAL DIRECTOR (NAME) U. G. Pilcher (ADDRESS) Maysville Missouri

20. FILED 3-18 1939 E. H. Pomeroy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9 -39 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1939, to Mar 9, 1939.

I last saw him alive on Mar 9, 1939. Death is said

to have occurred on the date stated above, at 3:45 P.M.

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

Cerebral Hemorrhage  
Hypostatic pneumonia  
Generalized arteriosclerosis  
with hypertension  
82 W

Date of onset

3-5-39

3-4-39

undet.

Other contributory causes of importance:

Sanitary  
Chronic hyperostosis arthritis  
82 W

undet.

undet.

Name of operation 82 W Date of 82 W

What test confirmed diagnosis? 82 W Was there an autopsy? 82 W

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 82 W Date of injury 82 W

Where did injury occur? 82 W (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 82 W

Nature of injury 82 W

24. Was disease or injury in any way related to occupation of deceased? 82 W

If so, specify 82 W

(Signed) John M. Casper, M. D.

(Address) Maysville Mo.

RECEIVED

District Health Officer No. 111

District File Number 39-276

Date Filed APR 10 1939

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

Licensed Embalmer No.

3960

P. O. Address

Marquette 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.