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

Do not use this space.

MAY 16 1939

1. PLACE OF DEATH

County Charlton 2 — Registration District No. 169 — File No. 14561

Township Brunswick 1 — Primary Registration District No. 5235 — Registered No. 17

City Brunswick (No. ..... St. ..... Ward)

2. FULL NAME 520 ELIZABETH ZUNGS

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Mike Zungs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-16-1862

7. AGE: YEARS 76 — MONTHS 11 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
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): Waterloo Ill.

FATHER

13. NAME: Dietrich Henrichs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mike W. Zungs, Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Indian Grove Mo. DATE: April 3, 1939

19. UNDERTAKER (ADDRESS): L. W. Beisel, Brunswick Mo.

20. FILED: Apr. 2, 1939 Harry E. Tatum, Registrar. 158

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April - 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8th, 1939, to April 1, 1939

I last saw her alive on April 1, 1939. Death is said to have occurred on the date stated above, at 3:15 P. m.

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

	Date of onset
The Myocardial Degeneration	Years

Other contributory causes of importance: 93 C

Name of operation: None — 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: None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) William T. Hiatt, M. D.

(Address) Brunswick 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.