

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

Do not use this space.

1939 JUN 14 1939

1. PLACE OF DEATH
County Buchanan

Township Washington

City St. Joseph

(No. 307 Ohio St.)

Registration District No. 85

Primary Registration District No. 1001

File No. 18121

Registered No. 365

2. FULL NAME Zella Mae Trainer

(a) Residence, No. 307 Ohio St. St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Trainer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>41</u>	<u>2</u>	<u>12</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Harrison County 0
(STATE OR COUNTRY) MISSOURI

13. NAME Ira Johnson 0

14. BIRTHPLACE (CITY OR TOWN) Crawford Co. 1
(STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME Nellie Argabright

16. BIRTHPLACE (CITY OR TOWN) Decatur Co.
(STATE OR COUNTRY) IOWA

17. INFORMANT Mrs. Ira Johnson
(ADDRESS) 307 Ohio St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE June 2, 1939

19. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED 6/27 39 A. J. Northrup
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from 12-7-38, 1938, to 5-31-39, 1939

I last saw him alive on May 31, 1939 Death is said to have occurred on the date stated above, at 7:45 Pm.

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

Epilepsy Date of onset 5-31-39

Other contributory causes of importance:

Acute General Neuritis Severe months

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? No

If so, specify _____

(Signed) Fenton W. Howard, M. D.

(Address) 216 1/2 W. MO. Ave.

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.

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

Emil A. Clark

Licensed Embalmer No. 3476

St. Joseph, Mo.