

REC'D SEP 20 1939

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

28730

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 1 Registration District No. 104
 (b) Township _____ Primary Registration District No. 3008 Registered No. 234
 or _____
 (c) City Fulton (d) Street No. W. M. Johnson 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

(a) Residence, No. 246 Moscone 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-20-1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>11</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peabottom Missouri</u>	13. NAME <u>Joe Zeigler</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Caroline Hester</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT (ADDRESS) <u>Mary Matson Moscone Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moscone</u> DATE <u>Aug 27, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Geo. Y. M. M. Fulton, Mo.</u>		
20. FILED <u>Jan 28, 1939</u> <u>R. D. Cross</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Aug 25, 1939
 I last saw him alive on Aug 24, 1939. Death is said to have occurred on the date stated above, at 340 A. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension
 Date of onset Jan 1, 1939

Other contributory causes of importance:
None

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? no 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. R. Bunch M. D.
 (Address) State Hospital

(Licensed Embalmer's Statement on Reverse Side)

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

I X16405

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.

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

John D. Batchelder, Registered Apprentice No. *192*
working under my personal supervision.

Signed

Glen Y. Marpin
Licensed Embalmer No. *2725*

P. O. Address

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.