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.

REC'D SEP 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln — Registration District No. 490 — File No. 29582

Township Union — Primary Registration District No. 5653 — Registered No. 8

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

2. FULL NAME Mildred Zumawlt

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 25 min.

OCCUPATION

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

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

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) Lincoln, Co. Mo. 0

FATHER

13. NAME Orveille Zumawlt 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, Co. Mo. 0

MOTHER

15. MAIDEN NAME Marjorie Furgerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linncoln, Co. Mo.

17. INFORMANT (ADDRESS) Orvielle Zumawlt Whitesides, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Corner Stone Cemetery Lincoln, Co. Mo. DATE 8/25/1939

19. UNDERTAKER (ADDRESS) W. R. Vomund Silex, Mo.

20. FILED 8-26- 1939 O. H. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1939, to ....., 19....

I last saw her alive on August 24, 1939. Death is said to have occurred on the date stated above, at 5:15 A.m.

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

Premature birth. 6-th month gestation

Date of onset

Other contributory causes of importance: 159

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. G. Norger, M. D.

439 (Address) Whiteside - Mo