

NOV 24 1939

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

37466

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 2 Registration District No. 1877
(b) Township Baer 1 Primary Registration District No. 6165- Registered No.
(c) City (d) Street No. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Kate M. Zerbe
(a) Residence, No. 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Zerbe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1, 1877</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>11</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Mo</u>		
FATHER	13. NAME <u>James Grifpi</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Lollie Skull</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Chas. Zerbe</u> <u>Harwood Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Vernon</u> DATE <u>10/13</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ch Waggoner</u> <u>Harwood Mo</u>		
20. FILED <u>Oct. 13</u> 19 <u>39</u> <u>Pearle Rapp</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1939 to Oct 11 1939
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:
Died suddenly
Cause unknown
Accidentally
Date of onset

Other contributory causes of importance:
95 lb

Name of operation Date of
What test confirmed diagnosis? 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) J. R. Colman
697 (Address) Besse City Mo, M. D.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1570

Date Filed 11-8-39

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..... C. W. Wagoner

Licensed Embalmer No. 2709

P. O. Address Hanwood 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.