

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

Do not use this space.

35351

1. PLACE OF DEATH

101 County Shannon Registration District No. 637
 Township 3rd Primary Registration District No. 1084
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Alvilda Ellen Zellers
 (a) Residence, No. Cedar Grove Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Zellers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 11 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
 _____ Date of onset _____

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner; sawyer, bookkeeper, etc. Nurse
 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 Life

Heart failure
Risk sudden
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Illinois

FATHER
 13. NAME Samuel Rhoades

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Sarah Morton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mary Zellers Morgan

18. BURIAL, CREMATION, OR REMOVAL PLACE Norris Cemetery DATE 10-26-33

19. UNDERTAKER (ADDRESS) Fred Walker

20. FILED _____ 19____ Registrar _____

(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) L. H. Waller, M. D.
 (Address) Summersville

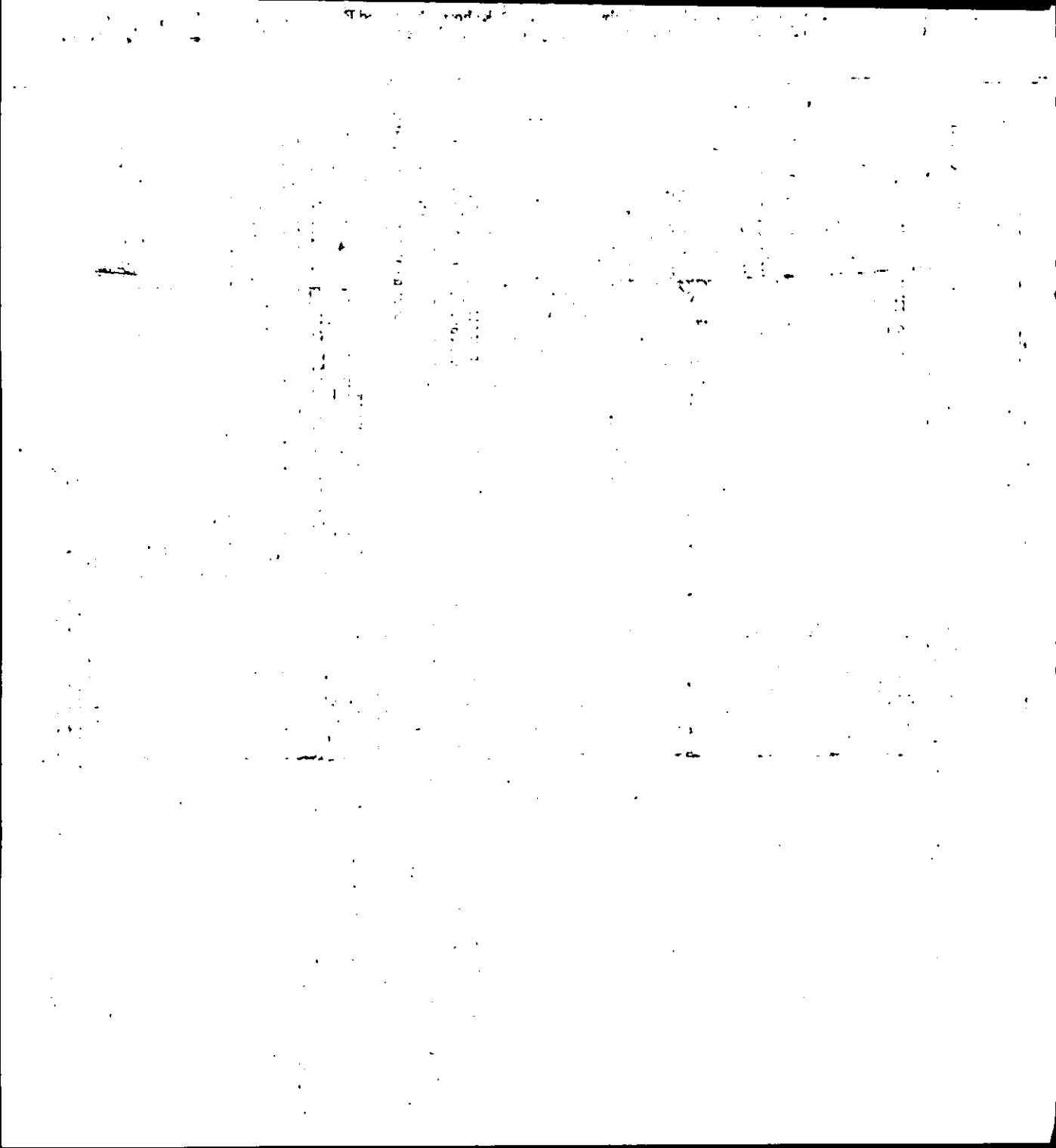
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

9-5-33

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shannon
Township Jackson
City (No.)

Registration District No. 637
Primary Registration District No. 6084

File No.
Registered No.
St. Ward)

2. FULL NAME

Abigail Zellers

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 19

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mary Morgan
Bradwell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parish DATE Oct 26 1933

19. UNDERTAKER (ADDRESS) And. H. H. H. H.

20. FILED Nov 29 1933 Mrs. H. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1933

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

I last saw him alive 19..... Death is said to have occurred on the day stated above, at m.

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

Heart failure

Date of onset

Other contributory causes of importance:

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) L. Zellers M. D.

(Address) Bradwell 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-35351