

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

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.

DEC 11 1935

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

Do not use this space.

35165

1. PLACE OF DEATH

County Buchanan Registration District No. 35
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital) _____

File No. _____
Registered No. 1132
St. _____ Ward) _____

2. FULL NAME Emma Veronica Zug

(a) Residence No. _____ St. _____ Ward. _____ Easton Missouri, R.F.D.#2
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 20

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) Buchanan County (STATE OR COUNTRY) Missouri

13. NAME Joseph Zug

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

15. MAIDEN NAME Mary Kessler

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Dora Jung (ADDRESS) Cosby Missouri

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery PLACE Hurlinger Missouri DATE Nov. 4, 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Street, St. Joseph.

20. FILED H-2 19 35 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935 to Nov 1, 1935

I last saw h. or 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:

Carcinoma Ovary
Metastatic Epitheliom. Cyst. (U.)
49

Other contributory causes of importance:
General Abdominal Catarrh
Cardiovascular Disturbances

Name of operation Epitheliom. Splectomy Date of Op. 11
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) W. F. Schmid, M. D.
(Address) St. Joseph Mo

