

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

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JUN 22 1936

19233

1. PLACE OF DEATH

County Henry Registration District No. 14  
Township \_\_\_\_\_ Primary Registration District No. 4211  
City Windsor (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 73

2. FULL NAME Mrs. Parmelia Rivers Zahner

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David F. Zahner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1859</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>6</u>	DAYS <u>18</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Maker</u>
	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)  
Iowa

FATHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ill

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Henry Miller  
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Windsor, Mo. DATE May 23, 1936

19. UNDERTAKER Huston Turner  
(ADDRESS) Windsor, Mo.

20. FILED 5-23, 1936 [Signature]  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1936 to May 20, 1936  
I last saw him alive on May 20, 1936. Death is said to have occurred on the date stated above, at 6:00 P. M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
Chronic nephritis  
Other contributory causes of importance: 131

Date of onset

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 \_\_\_\_\_, 1936

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) [Signature], M. D.  
(Address) Windsor, Mo.

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

N. B.—Every item of info. asked should be carefully supplied. If it should be stated that a CERTAIN PHYSICIAN should be called, the name of the physician should be stated. If the cause of death is in plain terms, so long as it is properly classified, the classification of the cause of death is not important.

CONFIDENTIAL - SECURITY INFORMATION

[The main body of the document contains several columns of extremely faint, illegible text, likely a list or a set of instructions.]

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