DEC 19 1936

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

38991
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper — Registration District No. 218
(b) Township — Primary Registration District No. 3015 — Registered No. 100
(c) City Boonville, (d) Street No. St. Joseph Hospital 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 4 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss. Agnes T. Zoeller
(a) Residence, No. 1407 Reams Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) May 19, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
16	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Child
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) Pilot Grove Missouri

FATHER
13. NAME Frank S. Zoeller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove, Mo.

MOTHER
15. MAIDEN NAME Oliva Marie Klein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Mo.

17. INFORMANT (ADDRESS) Frank S. Zoeller 1407 Reams St. Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS Peter & Paul DATE Nov. 9, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. Meisker Boonville Mo

20. FILED Nov 8, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1936, to November 6, 1938
I last saw h.er alive on October 20, 1938 Death is said to have occurred on the date stated above, at 1. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Maxillary Antrum.	
5 yrs	

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clin 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. H. Ziegler, M. D.
(Address) Boonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 8,
District File Number 12/6/38
Date Filed

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, L. J. Meuster

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed L. J. Meuster

Licensed Embalmer No. # 2232

P. O. Address Boonville 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.