

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

Do not use this space.

MAY 31 1935

13645

1. PLACE OF DEATH

County Monticau
Township Walker
City (No. 2)

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME Lucia Martha Zebold

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</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>Wm Zebold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 18-1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>11</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-1935

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935, to April 29, 1935

I last saw h. alive on April 29, 1935 Death is said to have occurred on the date stated above, at 8:40 p.m.

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

OCCUPATION

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

Principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Pulmonary infarction

Date of onset 4/26/35

Other contributory causes of importance:
Hypertension

Signature: BBB

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

FATHER

13. NAME Wm Zebold

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

MOTHER

15. MAIDEN NAME Dorit Knaut

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

17. INFORMANT (ADDRESS) Wm Zebold California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Lutheran Cem DATE 5/1 1935

19. UNDERTAKER (ADDRESS) Williges & Freedmeyer California mo

20. FILED 5-1-35 J. R. Popejoy Registrar

Name of operation None 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? Xo

If so, specify _____

(Signed) J. P. Burke Jr, M. D.
(Address) Queparita, 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.

