

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33023
Do not use this space.

OCT 13 1939

1. PLACE OF DEATH
 (a) County Monroe Registration District No. 571
 (b) Township Walker Primary Registration District No. 4335-571 Registered No. 50
 (c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Frederick Zibold
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (If divorced, write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Zibold
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 - 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Ohio
 FATHER 13. NAME Joseph Zibold
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Caroline Schreder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Oscar Zibold
 (ADDRESS) California mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem. DATE 10/2 1939
 19. FUNERAL DIRECTOR (NAME) William Fred Meyer
 (ADDRESS) California mo
 20. FILED 10-1-39 T.H. Popejoy
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1939
 22. HEREBY CERTIFY, That I attended deceased from Sept 28 1939 to Sept 30 1939
 I last saw him alive on Sept 30 1939 Death is said to have occurred on the date stated above, at 4 P.M.
 The principal cause of death and related causes of importance were as follows:
Prostatitis.
Cystitis.
 Date of onset 12/1
 Other contributory causes of importance:
nephritis. Chronic
Cause unknown.
 Name of operation None Date of _____
 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? _____
 If so, specify _____
 (Signed) A. L. Latham, M. D.
 (Address) California mo

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.

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

Signed.....

Hugh E. Halliwell

Licensed Embalmer No.....

3537

P. O. Address.....

California 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.