

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

Do not use this space.

30598

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 100
 City Kansas City (No. 3008 & 25th St.)

File No. _____
 Registered No. 106
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3008 & 25th 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. 1 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) Nov 7 - 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	3	11	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) None baby lounge
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) East St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Charles Zumwalt Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) East Prairie Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lorina Polston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East Prairie Mo.
 (STATE OR COUNTRY)

14. INFORMANT Charles Zumwalt Sr
 (Address) 3008 & 25th St

15. FILED 10/30/27 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1927

17. Deputy Coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Regulated spinal ligament
 from 2 heat - faint
 Arms & legs - None
 181 Keight yrs. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

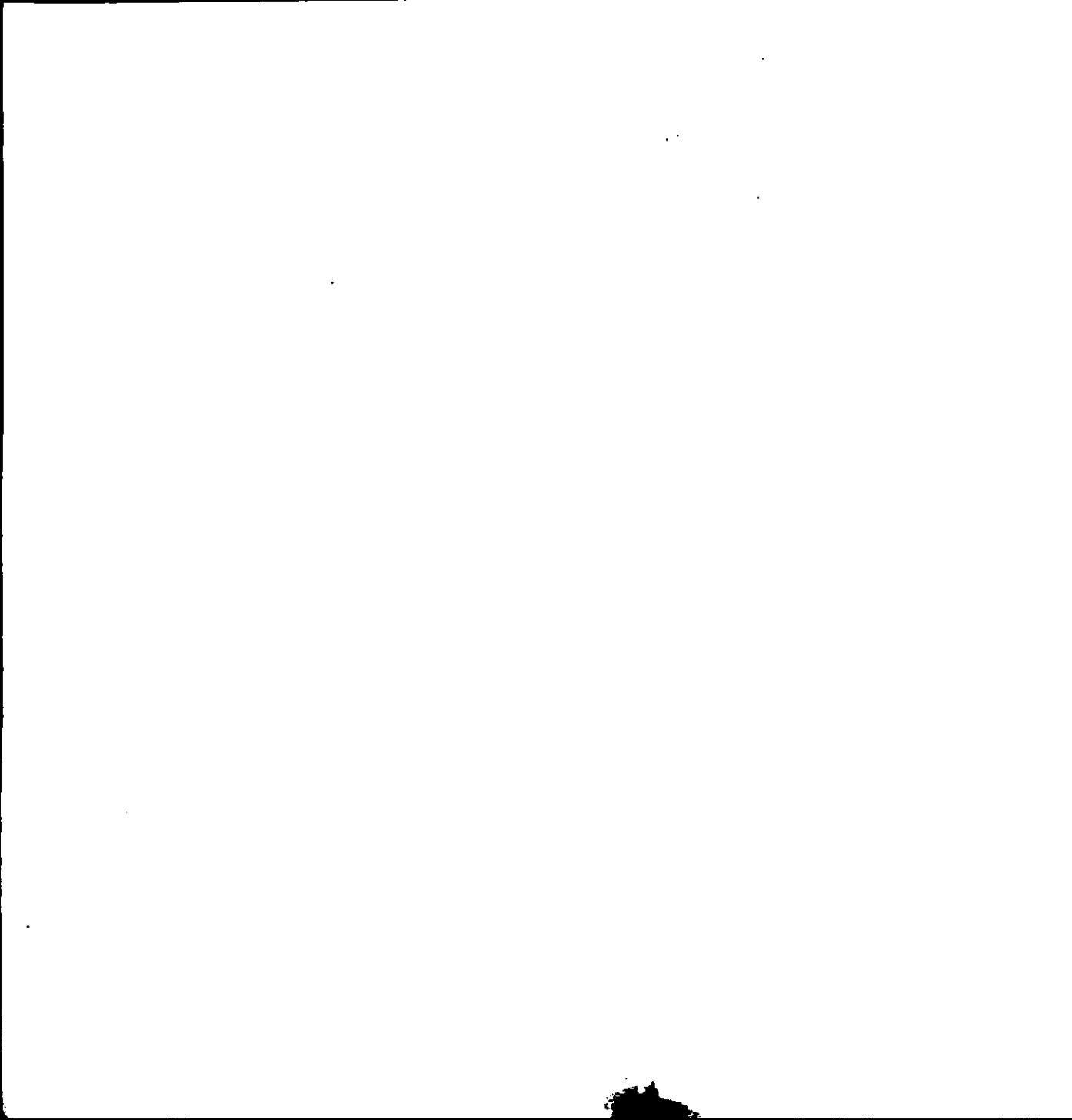
WHAT TEST CONFIRMED DIAGNOSIS? Examination of ligament
 (Signed) Deputy Coroner, M. D.
10/29, 1927 (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Elmwood Cemetery Oct 31 1927

20. UNDERTAKER Clyde Bros. ADDRESS 1800 Linwood



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ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.

County..... Registration District No. 399 File No.....
 Township..... Primary Registration District No. 1002 Registered No. 4106
 City Kansas City (No.....) St. Ward.....

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/28 19 27

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

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... since on..... 19....., and that death occurred, on the date stated above, at..... m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

Accidental third degree burns of head face arms legs - Burn caught fire!

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY).....

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY).....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

12. MAIDEN NAME OF MOTHER

20. UNDERTAKER ADDRESS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY).....

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address).....

15. FILED 10/30, 1927 M. M. Cronley REGISTRAR
Asst

SUPPLEMENTARY

178

4.

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