

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

Do not use this space.

14105

**1. PLACE OF DEATH**

County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 City (No. ....) St. .... Ward (No. ....)

File No. ....  
 Registered No. 69

**2. FULL NAME**

Mrs. Dora Ann Zolman  
 (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 <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>Basil Zolman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25, 1877</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>7</u>
		DAYS <u>3</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>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	
	11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co. Mo.</u>		
FATHER	13. NAME <u>George Mike Parks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Marcy J. Cunningham</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Ellen Barton 1318 Laballe St. St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glenda Farey and 4-29-35</u>		
19. UNDERTAKER (ADDRESS) <u>Harold H. Lane Co. Farmington, Mo.</u>		
20. FILED <u>Apr 29-1935</u> <u>W. J. Robinson</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1935, to 4/28, 1935.  
 I last saw him alive on ....., 19... Death is said to have occurred on the date stated above, at 3-30A.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy.  
 Date of onset: .....

Other contributory causes of importance:  
Subacute typhoid fever.  
Chronic nephritis.

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 ....., 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) Clyde C. Winters, M. D.  
 (Address) Farmington 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.

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