JUL 22 1935

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

Do not use this space.

19703

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2341
City K. C. Mo. (No. 3225 Thompson St. Ward)

2. FULL NAME Frank E. Zollinger
(a) Residence, No. Thompson 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

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Zollinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1873
7. AGE YEARS 61 MONTHS 5 DAYS 23 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) Monroe
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Sam Zollinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Samantha Van Meter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Lillie Zollinger
18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Hill DATE June 35
19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Avenue
20. FILED 6/7 1935 M. M. Brown Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933, to June 6, 1935
I last saw him alive on June 6, 1935. Death is said to have occurred on the date stated above, at 1135 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | Sept 1933 |
| Chronic myocarditis | ? |

Other contributory causes of importance: 92

Name of operation none Date of
What test confirmed diagnosis? E.K.G. 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? no
If so, specify —
(Signed) Harry C. Lapp, M. D.
(Address) 1314 Professional Bldg.

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.