JUL 2 2 1935

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

Do not use this space.

19960

File No.

Registered No. 2605

1. PLACE OF DEATH

County JACKSON — Registration District No. 399

Township RAW — Primary Registration District No. 1002

City KANSAS CITY (No. 3339 BROADWAY St. Ward)

2. FULL NAME WILLIAM E. ZAHNER

(a) Residence, No. 3339 BROADWAY St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MARTHA ELIZABETH ZAHNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-22-1847

7. AGE: YEARS 87 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FOUNDER & PRESIDENT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ZAHNER MFG. CO.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIEL GERMANY

FATHER

13. NAME LOUIS ZAHNER

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

MOTHER

15. MAIDEN NAME LOUISA BOEHLER

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

17. INFORMANT (ADDRESS) MRS. MARTHA ELIZABETH ZAHNER 3339 BROADWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JUNE-27 1935

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST

20. FILED 6/26 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 25, 1935

22. I HEREBY CERTIFY That I attended deceased from June 27, 1935, to June 25, 1935

I last saw him alive on June 25, 1935 Death is said to have occurred on the date stated above, at 6:45 P.m.

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

	Date of onset
Cerebral Hemorrhage	June 20-35
87 Pl	
Other contributory causes of importance:	
Arterio Sclerosis	3 yrs.

Name of operation — 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? No 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) John O. Skinner, M. D.

(Address) 1402 Bryant

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.

10
26
26

1462 Bryant Bldg.
1:30-5:30