

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Alexander
City Warsaw Mo (No. _____)

Registration District No. 61
Primary Registration District No. 5098

File No. 26623
Registered No. 21 Ward

2. FULL NAME

(a) Residence, No. Kansas City Mo St. _____ Ward _____

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. (If nonresident, give city or town and State)

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) Mar 1 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 4 6

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

9. Industry or business in which work was done, as silk mill, 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) Mo

13. NAME Jess Zano

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

15. MAIDEN NAME Eva Wander

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

17. INFORMANT Mrs Eva Zano (ADDRESS) Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kans City Mo DATE 7 19 37

19. UNDERTAKER Emwhite (ADDRESS) 20 Arroyo Mo

20. FILED 7/8 1937 Jas A. Rogerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-1937

22. I HEREBY CERTIFY, That I attended deceased from never, 19____, to _____, 19____.

I last saw him alive on never, 19____. Death is said to have occurred on the date stated above, at 3:45 P. m.

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

accidental drowning while swimming in Lake of Ozarks. Date of onset

Other contributory causes of importance: 183

Name of operation _____ Date of _____
What test confirmed diagnosis Smile Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 7-8-1937

Where did injury occur Warsaw, Benton Co Mo (Specify city or town, county, and State)

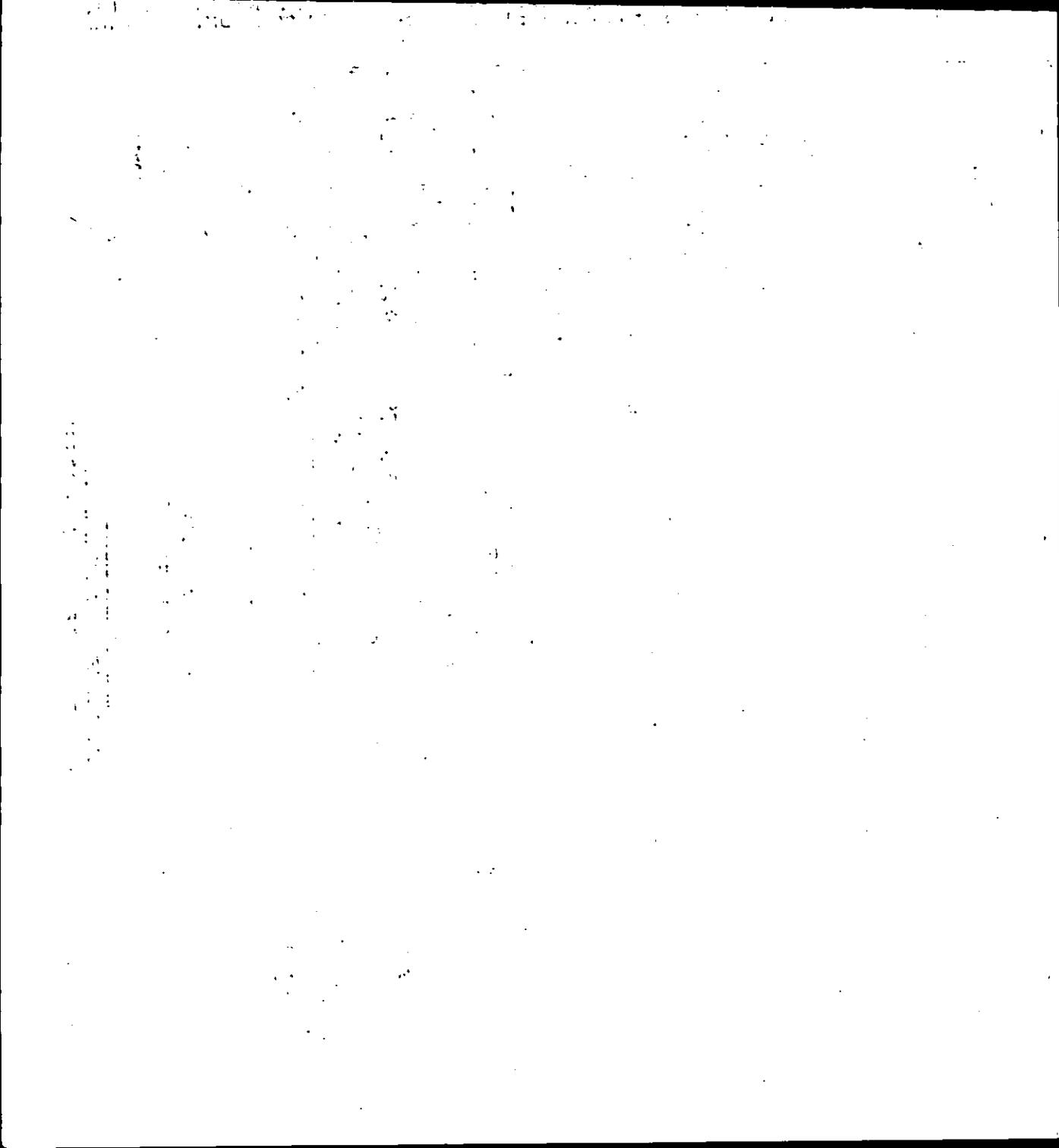
Specify whether injury occurred in industry, in home, or in public place. in Lake of Ozarks

Manner of injury _____ Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. H. Carson, M. D. (Address) Coal Camp Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Benton
Township Alexander
City..... (No..... St..... Ward)

Registration District No. 61
Primary Registration District No. 5098

File No. 26623
Registered No. 21

2. FULL NAME

Billy Zans (Wm Edward Zans)

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, of min. 11 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill Cemetery DATE July - 10 - 37

19. UNDERTAKER (ADDRESS) Mrs. L. J. Foster 218 Brookleigh, Armo

20. FILED..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7. 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:00 pm

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

Date of onset

Other contributory causes of importance:

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) T. S. Reeses Coroner, M. D.
(Address) Cole Camp, Mo.

SUPPLEMENTAL

This certificate is to be filed in the office of the health officer of the county in which the death occurred. It is to be retained in the office of the health officer for a period of ten years from the date of filing. It is to be made available to the public upon request. It is to be destroyed after ten years from the date of filing.

S = 26623