

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

Do not use this space.

2834

**1. PLACE OF DEATH**

County Greene  
 Township N. Campbell  
 City Springfield

Registration District No. 318  
 Primary Registration District No. 5439  
 (No. R. F. D. # 6)

File No. 2834  
 Registered No. 59  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Albert S. Zellweger 426

(a) Residence, No. R. F. D. # 6 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 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 Clemetine O'Day Zellweger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1869

7. AGE YEARS 68 MONTHS 3 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com Dep Auto Lincense  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 12yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

13. NAME Alexander Zellweger

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

15. MAIDEN NAME Margaret Potter

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

17. INFORMANT (ADDRESS) Mrs. A. S. Zellweger R. F. D. # 6

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marvs Cem DATE 1/20, 1938

19. UNDERTAKER (ADDRESS) Herman H. Lohmeyer Springfield Mo

20. FILED Jan 20 1938 Charles George Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937, to Jan 18, 1938

I last saw him alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 7am m.

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

Arteriosclerosis 15 years  
 Myocardial insufficiency since July 1937  
 Coronary occlusion 8 years

Other contributory causes of importance: 4/2  
Coronary occlusion 8 years

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

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) Delbert B. Webb, M. D.  
 (Address) Springfield 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH