

REC'D MAR 24 1938

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

8288
Do not use this space.

1. PLACE OF DEATH

(a) County Schuylar
(b) Township Prarie
(c) City Near Queenscity Mo.
(e) Length of residence in city or town where death occurred

2
Registration District No. 606
Primary Registration District No. 6051

Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

2. PRINT FULL NAME

Annie Rosilee Zipp 100
(a) Residence, No. Farm Near Queenscity Mo. St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George Zipp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 19th, 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 5 0

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany, 6

FATHER

13. NAME Not Known 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9

MOTHER

15. MAIDEN NAME Not Known 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT George Zipp
(ADDRESS) QueenCity Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myers Cemetary DATE Jan, 21 1938

19. FUNERAL DIRECTOR William N. West
(ADDRESS) QueenCity Mo.

20. FILED 1/20 38 Oliver Jones
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sep 1936, to Jan 19 1938
I last saw her alive on Jan 19 1938. Death is said to have occurred on the date stated above, at 12:5 PM
The principal cause of death and related causes of importance were as follows:

Pneumonia
Branchial
Date of onset Jan 17

Other contributory causes of importance:
Age - 96 years

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 3
Nature of injury 3

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) O. P. Jones M. D.
(Address) Queen City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, William N. West, Licensed Embalmer No. 2882

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed William N. West
William N. West Queen City Mo.,
Licensed Embalmer No. 2882

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)