

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

Do not use this space.

9301

1. PLACE OF DEATH

68 County Monticou
1 Township Wilber
2 City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 13 St. Ward)

2. FULL NAME

John Zey

(a) Residence. No. 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

Louise Zey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 5 | 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Monticou Co, Missouri

10. NAME OF FATHER Peter Zey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monticou, Missouri

12. MAIDEN NAME OF MOTHER Zimmerman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Europe

14. INFORMANT August Zey (Address)

15. FILED Mar 10 1932 Jas. W. Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 - 1932

17. I HEREBY CERTIFY That I deceased from Mar 1, 1932, to Mar 9, 1932, and that I last saw him alive on Mar 9, 1932, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatic hypertrophy and nephritis

122A (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Peritonitis (duration) mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

For strangulated hernia. DID AN OPERATION PRECEDE DEATH? DATE OF 3-1-32

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Arteriosclerosis (Signed) L. L. Sathum, M. D.

Mar 10, 1932 (Address) California Mo

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic ent DATE OF BURIAL 3-11-1932

20. UNDERTAKER Wm. S. ... ADDRESS ...

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.

APR 28 1932

