

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

Do not use this space.

32234

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Rayville (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 79  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1931

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

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Rayville  
(STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER Martin Zirjacks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osawa  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Groce E. Hammond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osawa  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Zirjacks  
(Address) Rayville Mo

FILED 9-22-31 REGISTRAR E. C. Lay

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Sept 20, 1931 that I last saw her alive on Sept 20, 1931, and that death occurred, on the date stated above, at 6 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Sho colitis

119B / 11A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS Spec of Hammanstein

(Signed) Dr. J. C. Bellman, M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in 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 M. Faugh Cemetery DATE OF BURIAL 9/21 1931

20. UNDERTAKER J. H. Rawland ADDRESS Rayville 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.

OCT 26 1931

