

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.

81
64

MAY 20 1934

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

Do not use this space.

13953

1. PLACE OF DEATH

County Day Registration District No. 144
Township Richmond Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME

Mr. Joseph Zucklin
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Richmond Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 7 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
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) Austria

FATHER 13. NAME Adolph Zucklin

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

MOTHER 15. MAIDEN NAME Josephine Zera

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

17. INFORMANT (ADDRESS) Mrs Adolph Zucklin Richmond Mo

18. BURIAL, CREMATION OR REMOVAL PLACE City Cemetery DATE April 24, 1934

19. UNDERTAKER (ADDRESS) C. W. Mansur Richmond Mo

20. FILED 4-30 19 34 E. Hay Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a.m. The principal cause of death and related causes of importance were as follows:

Acute Dilatation
95% of heart
84
95 to 100
Other contributory causes of importance: Dementia Praecox

Name of operation _____ Date of _____
What test confirmed diagnosis? Smith 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 _____, 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? No
If so, specify _____
(Signed) E. C. Hay M. D.
(Address) Richmond

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