

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Madison
City Hollyday (No. _____) St. _____ Ward _____

Registration District No. 578
Primary Registration District No. 4348

File No. 46103
Registered No. _____

2. FULL NAME Leas Newton Zinner

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Miranda Conegan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1864

7. AGE YEARS 73 MONTHS 5 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Monroe Co. Mo.

13. NAME Leas Newton Zinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

15. MAIDEN NAME Miranda Conegan

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

17. INFORMANT Frank Zinner (ADDRESS) Paris Mo RR

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 22 1937

19. UNDERTAKER John Thompson (ADDRESS) Madison Mo

20. FILED 1721 1937 John Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1937 to Dec 20 1937
I last saw him alive on Dec 11 1937. Death is said

to have occurred on the date stated above, at 5:30 p. m.

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

Angina Pectoris Date of onset Jan 37

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. H. Zinner D.O.

(Address) Madison, 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.

