

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City St. Francois (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No. 14032
Registered No. 73
St. Ward

2. FULL NAME

Mary Elizabeth Zolman
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roscoe Zolman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-21-12</u>		
7. AGE <u>31</u>	YEARS <u>9</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		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) <u>Fredericktown Mo.</u>		
13. NAME <u>Leonard F. Goss</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Hattie Kempfer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredericktown</u>		
17. INFORMANT <u>Roscoe Zolman</u> (ADDRESS) <u>Delaware Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Zolman Cemetery</u> DATE <u>May 1</u> 19 <u>34</u>		
19. UNDERTAKER <u>Farmington and Co.</u> (ADDRESS) <u>Farmington Mo.</u>		
20. FILED <u>Apr 30</u> 19 <u>34</u> <u>J. F. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1930, to April 29 1934.
I last saw her alive on Apr 22 1934. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation Clinical & Lab 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?
If so, specify
(Signed) R. Apphony, M. D.
(Address) Farmington Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

