

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

Do not use this space.

**24430**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009  
City Cape Girardeau (No. South Mo. Hospital)  
St. Mo. Ward

File No. \_\_\_\_\_  
Registered No. 744  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. (near Mountain, Mo.)  
(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 M 4. COLOR OR RACE white Amer. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Mrs. Sophia Zuehlner)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (May 12 1878)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 0 8

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

MOTHER FATHER 13. NAME Zuehlner, Gustar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensburg Mo.

15. MAIDEN NAME Leving, Anna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friedheim Mo.

17. INFORMANT Zuehlner, Gustar (brother)  
(ADDRESS) Ansley, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
(PLACE Mountain, Mo.) DATE (July 23, 1931)

19. UNDERTAKER Zuehlner, Gustar  
(ADDRESS) Ansley, Mo.

20. FILED 7/22 1931 H. W. Kauffman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22<sup>nd</sup> 1931, to July 20<sup>th</sup> 1931

I last saw him alive on July 20<sup>th</sup> 1931. Death is said to have occurred on the date stated above, at 11<sup>20</sup> P. M.

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

ulcerative enteritis  
115 3/20  
Date of onset about 6 or 7 months ago

Other contributory causes of importance: Pyorrhoea

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? symptoms pyorrhoea 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. B. Schuck, M. D.  
(Address) Cape Girardeau, 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.

AUG 25 1931

