

SEP 29 1936

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

Do not use this space.

32166

1. PLACE OF DEATH

County St. Francois Registration District No. 779
Township St. Charles Primary Registration District No. 6021A
City St. Charles (No. _____) St. _____ Ward _____

2. FULL NAME

Charice Ellen (nee Coleman) Zester
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Thomas Zester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) MO

MOTHER 13. NAME Emery Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind R

15. MAIDEN NAME Don't know

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

17. INFORMANT George Zester
(ADDRESS) Olivia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Zesterwill mo. DATE 8/22 1936

19. UNDERTAKER Sparks
(ADDRESS) Olivia Ave

20. FILED 9/9 1936 W.P. Bluebworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 19, 1936
I last saw him alive on Aug 19, 1936 Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

acute pneumonia
920
Date of onset 8/8/36

Other contributory causes of importance:
Valerula Nux resin
with 70% of Compensate 3/1/1936

Name of operation _____ Date of _____
What test confirmed diagnosis? Choc. 10/10 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.P. Bluebworth, M. D.
(Address) Denase Ave

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.

WALTER W. BROWN, JR. - 1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934
 1875-1
 37-6-2
 814
 29
 20