

STANDARD CERTIFICATE OF DEATH

TERRITORY OF HAWAII

237
File No. 30

1. PLACE OF DEATH Local Registered No. _____
(To be inserted by Registrar)

City Hono Kula County Hono Kula State T. H.
Township C. K. A. or Village Zuipaku or _____ or
City Zuipaku No. Bank Sugar Co. Hospital Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? 20 yrs. _____ mos. _____ ds.

2. FULL NAME Joseph Achille Zumstein
(a) Residence: No. Hauka, Paolua, Hauka Ward Hoolaula
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Swiss 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of Louise Jasseur or WIFE of _____

6. DATE OF BIRTH (month, day and year) July 6, 1871

7. AGE Years 63 Months 11 Days 23 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own hotel

10. Date deceased last worked at this occupation (month and year) June 1932 11. Total time (years) spent in this occupation. 25 yrs

12. BIRTHPLACE (city or town) - Switzerland (State or country)

FATHER 13. NAME Louis Zumstein

FATHER 14. BIRTHPLACE (city or town) - Switzerland (State or country)

MOTHER 15. MAIDEN NAME Rosine Kohler

MOTHER 16. BIRTHPLACE (city or town) - Switzerland (State or country)

17. INFORMANT Mrs. Zumstein (wife) (Address) Hauka

18. BURIAL, CREMATION, OR REMOVAL Date June 29, 1935
Place Hono Kula, Hawaii

19. UNDERTAKER Bachussek (Address) Hono Kula

20. DATE RECORDED (or Registered) June 30, 1935
JUL - 3 1935 Registrar. W. M. Council

DATE FILED Office of Registrar General. 1248

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935 to June 29, 1935
I last saw him alive on June 19, 1935, death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance in order of onset were as follows: Renal disease & the liver 1932

Contributory causes of importance not related to principal cause: Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Spec 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. M. Council M.D.
(Address) Zuipaku

ACTUALLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.