

N. R.—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.

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

Do not use this space.

14211

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Francis

Primary Registration District No. 1001

City St. Francis

(No.       )

File No.       

Registered No. 478

St.       

Ward       

2. FULL NAME

(a) Residence. No. N. W. K. 9 Park St.        Ward       

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 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

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

Dec 31 1857

7. AGE

YEARS 69 MONTHS 4 DAYS 2 IF LESS than 1 day,        hrs. or        min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Frank Buzard

9. BIRTHPLACE (CITY OR TOWN)

unknown

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Christain Zimmerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Elizabeth Zimmerman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY) Switzerland

14. INFORMANT Emil Zimmerman

(Address) Amazonia, Mo.

15. John B. 2th

FILED 1927 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1927

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1927, to May 9, 1927 that I last saw him er alive on May 8, 1927, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis. chronic  
93C  
97 90B  
(duration) 2 yrs.        mos.        ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 4 yrs.        mos.        ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:       

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF       

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) Charles A. Good, M. D.

May 9, 1927 (Address) St. Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Amazonia, Mo.

DATE OF BURIAL

May 11 1927

20. UNDERTAKER

Stanton-Big Lake

ADDRESS

St. Francis Mo

