29 1928

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

Do not use this space.

157a

1. PLACE OF DEATH
County Bollinger — Registration District No. 67 — File No.
Township Lorance — Primary Registration District No. 5702 — Registered No. 7
City (No. , St. , Ward)

2. FULL NAME Daniel Calhoun Zimmerman

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary E. Zimmerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	77	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bollinger Co.
(STATE OR COUNTRY) (Near Brownsville P.O.)

PARENTS

10. NAME OF FATHER Nathan M. Zimmerman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Caldwell Co.
(STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER Eliza Bowman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Caldwell Co
(STATE OR COUNTRY) N. Carolina

14. INFORMANT D. F. Bollinger
(Address) Glen Allen, Mo.

15. FILED 4-14, 1928 C. A. Sanders REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Jan 29, 1928, that I last saw h... alive on Jan 24, 1928, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia
Cerebral Hemorrhage
82A
82-D (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) 7 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. A. Sanders, M. D
, 19 (Address) Marble Hill, 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 Glen Allen Mo — DATE OF BURIAL 1-31 1928

20. UNDERTAKER J. A. Bates — ADDRESS Lutesville Mo

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.