

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

Do not use this space.

12161

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.

MAY 29 1928

1. PLACE OF DEATH

County Madison

Registration District No. 23

Township Benton City

Primary Registration District No. 4017

City Benton City

File No.

Registered No.

St. Ward)

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Catharine Zimmerman

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

Oct 13 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

72

6

25

8. OCCUPATION OF DECEASED

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

Retired Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Highland

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

Abraham Zimmerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14. INFORMANT

Emma Helwig

(Address) Myers Ave

15. FILED

Apr 17, 1928

J. F. Johnson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 6 1928

17.

I HEREBY CERTIFY That I attended deceased from March 20, 1928, to April 6, 1928

(that I last saw him alive on April 6, 1928 and that death occurred, on the date stated above, at 9 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Stomach

46B

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 Did an operation precede death

Was there an autopsy

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Smith

M. D.

, 19

(Address) Bush Hill

*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

DATE OF BURIAL

Benton City 4017

4-8 1928

20. UNDERTAKER

ADDRESS

H. A. Bryant & Son - Myers Ave

