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

Do not use this space.

32783

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 Hays — File No.

Township: — Primary Registration District No. 6162 — Registered No. 284

City: Nevada (No. ..... St. ..... Ward)

2. FULL NAME Dora Jobe Zimmerman

(a) Residence. No. St Hosp # 3 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. 5 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)
F	W	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF C W Zimmerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13 - 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	1	12	

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

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9. BIRTHPLACE (CITY OR TOWN) California
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Jacob Jobe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) California
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Amanda Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Missouri

14. INFORMANT Hosp. record
(Address)

15. FILED 11-8-1929 E. R. King, REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1929, to Sept 25, 1929 that I last saw her alive on Sept 25, 1929, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
93E
111B
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hypostatic pneumonia
(duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) F. L. Martin, M. D
Sept. 25, 1929 (Address) Nevada 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	DATE OF BURIAL
Eldon Mo	9-29 1929

20. UNDERTAKER	ADDRESS
Allen V Hays	Nevada Mo

WA Phillips - Eldon Mo, 2500 Fund