

99 9585-B

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

Do not use this space.

95-85-B

1. PLACE OF DEATH  
County Moniteau Registration District No. 0772  
Township Linn Primary Registration District No. 0772  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Chas William Zimmerman  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. ~~4~~ MARRIED, WIDOWED, or DIVORCED HUSBAND OF (OR) WIFE of Kate Zimmerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 11 25

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

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

10. NAME OF FATHER Dionemus Zimmerman

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

12. MAIDEN NAME OF MOTHER Elizabeth Herrnhoben

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

14. INFORMANT A. C. Zimmerman  
(Address) Jamesstown Mo.

15. FILED Feb 3 1930 Ellis W Raikes  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1930

17. I HEREBY CERTIFY That I attended deceased from March 3 1930 to March 6 1930 that I last saw him alive on March 6 1930 and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Septicemia  
930  
36 (duration) yrs. mos. 5 1/2

CONTRIBUTORY (SECONDARY) Myocardial degeneration (Fatty) (duration) unknown

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Laboratory  
(Signed) Ellis W Raikes M. D.  
, 19 (Address) Jamesstown 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 Moniteau Ew Cem. DATE OF BURIAL 3-7 1930

20. UNDERTAKER C. Albert Hornbeck Prairie Home Mo. ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

3. 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.

APR 26 1930

V. S. No.

F. S. No.  
C