

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

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 27 1931

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

Zimmerman

Do not use this space.

14883

1. PLACE OF DEATH

County Macon Registration District No. 533
 Township _____ Primary Registration District No. 2027
 City Macon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 43

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1867

7. AGE YEARS 64 MONTHS 1 DAYS 28
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 466
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 466
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beverly, Mass

FATHER
 13. NAME Geo Halbur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
 15. MAIDEN NAME Margaret Steedman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs Geo Halbur

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Apr 11 1931

19. UNDERTAKER (ADDRESS) Adolf Skudny

20. FILED 4/30 1931 Mrs Luke Dunbar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1930 to Apr 8 1931
 I last saw him alive on March 30 1931. Death is said to have occurred on the date stated above, at 5:10 P.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
4613
 Other contributory causes of importance: Metastases to peritoneum

Name of operation Exploratory Date of about Dec 1930
 What test confirmed diagnosis? exploratory op Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) J. J. Zimmerman M. D.
4/30/31 (Address) Macon, Miss

