

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.

AUG 24 1931

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

Do not use this space.

24295

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Missouri Methodist Hospital)

File No.

Registered No. 781

St. Savannah Ward Missouri

2. FULL NAME Addah Zimmerman

(a) Residence, No.

St.

Ward.

Savannah Missouri

(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Clark Zimmerman</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 26, 1855</b>		
7. AGE <b>76</b>	YEARS <b>6</b>	MONTHS <b>9</b>
		DAYS <b>9</b>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	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)	<b>Lasalle County Ill.</b>
--	----------------------------

13. NAME	<b>Phillip Lewis</b>
----------	----------------------

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Unknown Unknown</b>
--	------------------------

15. MAIDEN NAME	<b>Annah Scovill</b>
-----------------	----------------------

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Unknown Unknown</b>
--	------------------------

17. INFORMANT (ADDRESS)	<b>Mrs. W. H. Holcomb St. Joseph Mo. R F D #2</b>
-------------------------	---

18. BURIAL, CREMATION, OR REMOVAL	
PLACE	<b>Rochester Mo.</b>
DATE	<b>July 28, 1931</b>

19. UNDERTAKER (ADDRESS)	<b>H. O. Sidenfaden 1802 Union St. St. Joseph Mo.</b>
--------------------------	---

20. FILED	<b>7-27, 1931</b>
	<b>John P. Bender Registrar</b>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 26, 1931**

22. I HEREBY CERTIFY That I attended deceased from **July 25, 1931, to July 26, 1931**

I last saw **her** alive on **July 26, 1931**. Death is said

to have occurred on the date stated above, at **8:25 P. M.**

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

**Acute Myocardial Infarction**

**Bladder**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

**121 P**

**121 Q**

**121 R**

**121 S**

**121 T**

**121 U**

**121 V**

**121 W**

**121 X**

**121 Y**

**121 Z**

**121 A**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

**121 P**

**121 Q**

**121 R**

**121 S**

**121 T**

**121 U**

**121 V**

**121 W**

**121 X**

**121 Y**

**121 Z**

**121 A**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

**121 P**

**121 Q**

**121 R**

**121 S**

**121 T**

**121 U**

**121 V**

**121 W**

**121 X**

**121 Y**

**121 Z**

**121 A**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

**121 P**

**121 Q**

**121 R**

**121 S**

**121 T**

**121 U**

**121 V**

**121 W**

**121 X**

**121 Y**

**121 Z**

**121 A**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

**121 P**

**121 Q**

**121 R**

**121 S**

**121 T**

**121 U**

**121 V**

**121 W**

**121 X**

**121 Y**

**121 Z**

**121 A**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

**121 P**

**121 Q**

**121 R**

**121 S**

**121 T**

**121 U**

**121 V**

**121 W**

**121 X**

**121 Y**

**121 Z**

**121 A**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

**121 P**

**121 Q**

**121 R**

**121 S**

**121 T**

**121 U**

**121 V**

**121 W**

**121 X**

**121 Y**

**121 Z**

**121 A**

**121 B**

**121 C**

**121 D**

**121 E**

**121 F**

**121 G**

**121 H**

**121 I**

**121 J**

**121 K**

**121 L**

**121 M**

**121 N**

**121 O**

