

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.

APR 25 1932

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(Name of Hospital) Missouri Methodist HospitalFile No. 7454Registered No. 253

St. _____ Ward _____

2. FULL NAME Margaret Zimmerman(a) Residence, No. 612 No. 6 th St.

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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFFred Zimmerman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8 1864

7. AGE

YEARS
67MONTHS
11DAYS
4If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.23510. 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)Unknown
Germany10

FATHER

13. NAME

Joseph Becker14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Germany

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Unknown31

17. INFORMANT

(ADDRESS) Hattie Leonard
928 Felix St.

18. BURIAL, CREATION OR REMOVAL

PLACE L.O.O.F. Cem.DATE March 14, 1932

19. UNDERTAKER

(ADDRESS) Fred D. Clark
5023 King Hill Av.

20. FILED

MAR 14 1932John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 193222. I HEREBY CERTIFY, That I VIEWED

, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:30 A.M.

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

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation No Op

Date of _____

What test confirmed diagnosis? History 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) B.W. Tadlock - Coroner(Address) 221 Francis

10

١٤٠

— 4 —

4

4

π