

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

Do not use this space.

31519

**1. PLACE OF DEATH**

Country Washington Registration District No. 85 File No. \_\_\_\_\_  
 Townships St. Joseph Primary Registration District No. 1001 Registered No. 1019  
 City (No. 503 South Eight St. \_\_\_\_\_ Ward)

**2. FULL NAME**

William Zimmerman  
 (a) Residence, No. 503 So. 8th St. \_\_\_\_\_ Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Zimmerman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 1882</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>11</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>		
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) <u>Rochester Missouri</u>		
13. NAME <u>Clark Zimmerman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>		
15. MAIDEN NAME <u>Ada Leves</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Illinois</u>		
17. INFORMANT <u>Mrs. Bessie Zimmerman</u> (ADDRESS) <u>503 So. 8th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rochester</u> DATE <u>Oct 22 1932</u>		
19. UNDERTAKER <u>E. J. Gidenfaden</u> (ADDRESS) <u>602 So. 19th St.</u>		
20. FILED <u>10-22-32</u> 19 <u>32</u> <u>John K. Bender</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:40 P.M.

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

<u>Pulmonary Tuberculosis</u>	Date of onset
<u>75%</u>	

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ 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, M. D.  
 (Address) 821 Prouais

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.

NOV 21 1932

EMIC 1941

OCT 17 1952