

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.

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

Do not use this space.

1. PLACE OF DEATH

37 County Cass
Township Bourbon
City Paris (No. 1)

Registration District No. 308
Primary Registration District No. 3726

File No. 2937
Registered No. 2
St. Paris Ward 1

2. FULL NAME

Mary Galitha Zimm
(a) Residence, No. 1 St. Paris Ward 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Zimm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1864

7. AGE YEARS 68 MONTHS 5 DAYS 6 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Red Bird Mo
(STATE OR COUNTRY)

13. NAME Nicholas Blewett

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

15. MAIDEN NAME Sarah Seantle

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

17. INFORMANT W. C. Davis
(ADDRESS) John Prairie Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bleuville Mo DATE Feb 1 1933

19. UNDERTAKER Golden Bledsoe
(ADDRESS) Owensville Mo

20. FILED Jan 30 1933 M. E. Spurgeon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 22 1933, to Jan 30 1933

I last saw her alive on Jan 30 1933 Death is said to have occurred on the date stated above, at 12:40 p.m.

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

Bronchial Pneumonia Date of onset 1/24/33

11/3
10/11 11/11

Other contributory causes of importance:

Influenza 1/19/33

Name of operation Clement Date of 1/19/33

What test confirmed diagnosis? Clement Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) M. E. Spurgeon M. D.
(Address) Red Bird Mo

