

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

Do not use this space.

MAR 3 1933

2694

1. PLACE OF DEATH  
 81 County Phelps Co Registration District No. 479  
 Township East Cold Spring Primary Registration District No. 5907  
 City Elk Prairie (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ped Zimmerman  
 (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.  
 (If nonresident, give city or town and State)

**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>Margaret Zimmerman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1857</u>		
7. AGE	YEARS <u>76</u>	MONTHS _____
	DAYS _____	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Elk Prairie Mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Ambrose Zimmerman</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ky</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Lane</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Ky</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Otis Zimmerman</u> (ADDRESS) <u>Elk Prairie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elk Prairie, Mo</u> DATE <u>Jan. 17</u> , 19 <u>33</u>		
19. UNDERTAKER <u>Null and Licklider</u> (ADDRESS) <u>Rolla, Mo</u>		
20. FILED <u>Jan 17</u> , 19 <u>33</u> <u>Paul Williams</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1933, to January 15, 1933  
 I last saw him alive on January 12, 1933. Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary infarction  
Influenza  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
 If so, specify \_\_\_\_\_  
 (Signed) W. A. Farland, M. D.  
 (Address) Rolla Mo

In every item of information should be carefully checked to see that it may be properly classified.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

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