MAR 24 1933

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

Do not use this space.

85

4750

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. 1001 — Registered No. 144
City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Adam G. Zimmerman

(a) Residence, No. St., Ward. Saxton Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mary Teresa Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	3	1	

OCCUPATION

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

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) Bavaria Germany

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Andrew Helter Saxton Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St Joseph Mo. DATE Febr. 6 19 33

19. UNDERTAKER (ADDRESS) N. O. Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED 2-5-33 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2 19 33

22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1933, to Fe 2 ad, 1933
I last saw him alive on Fe 2 ad, 1933 Death is said to have occurred on the date stated above, at 12:45P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia (coma)	
Chronic interstitial nephritis	12/1/33

Other contributory causes of importance: Arteriosclerosis

Name of operation O Date of O
What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? O Date of injury O, 19
Where did injury occur? O (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. O
Manner of injury O
Nature of injury O

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. C. Thompson, M. D.
(Address) 825 Charles

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD