

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

Do not use this space.

9488

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 1809 Winchester)

File No. ....  
Registered No. ....  
St. 1172 Ward)

**2. FULL NAME Joseph U. Zimmerman**

(a) Residence, No. 1809 Winchester St., ..... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Mrs. Ozelor D. Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64                      1                      3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor  
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) Kansas

FATHER 13. NAME Nathan Zimmerman

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

MOTHER 15. MAIDEN NAME Elizabeth Anderson

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

17. INFORMANT Mrs. Ozelor D. Zimmerman (ADDRESS) 1809 Winchester Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 3-7-33

19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City, Mo.

20. FILED 3-5-33 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1933 to 3-5, 1933  
I last saw him alive on 3-4, 1933 Death is said to have occurred on the date stated above, at 4:40 AM

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

myocarditis, chronic  
cerebral hemorrhage  
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical 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) W. R. Peck, M. D.  
(Address) 613 5 815

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.

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Dr. O. R. Crooks