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

Do not use this space.

22659

File No. 169

Registered No.

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. , St. Ward)

2. FULL NAME Henrietta Zimmerman

(a) Residence, No. 128 N Miller St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 22 1933

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.

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 Jno Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1859

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Osage Co Mo

FATHER

13. NAME Jno Abel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Rosina Habel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Jno Zimmerman 128 N Miller

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highgrove Hill DATE July 12 1933

19. UNDERTAKER (ADDRESS) Lawson Funeral Home Jefferson City

20. FILED 8/21 1933 J. Bradford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to July 10 1933
I last saw him alive on July 9 1933 Death is said to have occurred on the date stated above at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	
Other contributory causes of importance: Hypertrophy of Prostate	

Name of operation Date of
What test confirmed diagnosis? Urinalysis 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 , 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) J. G. Bruce M. D.
(Address) Jefferson City Mo