SEP 10 1934

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

Do not use this space.

29906

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township Aurora — Primary Registration District No. 4280 — Registered No. 44

City Aurora (No. 426 S. Elliott Ave St. Ward)

2. FULL NAME Elizabeth A Zimmerman

(a) Residence, No. 426 S. Elliott Ave St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Zimmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21-1875

7. AGE: YEARS 58 — MONTHS 9 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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.

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) New York

FATHER

13. NAME Pat McNurney

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

MOTHER

15. MAIDEN NAME Mary Ann Bainbridge

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

17. INFORMANT (ADDRESS) Mrs Catherine Fulp Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Verona Mo. DATE Aug. 25 1934

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED 8-23 1934 R. D. Cowan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1934, to Aug. 23, 1934

I last saw her alive on Aug. 23, 1934 Death is said to have occurred on the date stated above, at 11.15 P.m.

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

	Date of onset:
Uremia	Aug. 9th
Chronic Myocarditis	
186a	
Other contributory causes of importance:	
Fracture of Femur	July 27

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? Accident Date of injury July 27, 1934

Where did injury occur? Aurora, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home (Fell out of bed)

Manner of injury

Nature of injury Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. D. Cowan

(Address) [illegible]

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.