

DEC 12 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38577

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. Mo. Mt. Hospital)File No. 1253Registered No. 1253St. St. JosephWard) St. Joseph

2. FULL NAME

(a) Residence, No. 418 2nd 7th

(Usual place of abode)

St. St. JosephWard. St. Joseph

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 1/2 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 3 1/2 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Marie Zimmerman

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

July 28 - 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.53310

OCCUPATION

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

Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Traveling Salesman

10. Date deceased last worked at this occupation (month and year)

Nov 16, 1934

11. Total time (years) spent in this occupation

6 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Leitchville, Kansas

FATHER

13. NAME

Adam B. Zimmerman

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

Leitchville, Kansas

MOTHER

15. MAIDEN NAME

Ella Scholtz

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

Leitchville, Kansas

17. INFORMANT (ADDRESS)

Krueger S. Zimmerman, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph, Mo.DATE Nov 16, 1934

19. UNDERTAKER (ADDRESS)

Fleermann Mortuary (Inc), St. Joseph, Mo.

20. FILED

11-1619 34John Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 193422. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1934 to Nov 14, 1934I last saw him alive on Nov 14, 1934 Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Cerebral Hemorrhage Date of onset Nov 11-128291

Other contributory causes of importance:

HypertensionName of operation none Date of NovWhat 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? none Date of injury Nov 14, 1934Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify none(Signed) L. H. Farnham, M. D.(Address) St. Joseph, Mo.

