

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.

AUG 12 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22050

1. PLACE OF DEATH

County AndersonRegistration District No. 26

Township

Primary Registration District No. 3002City Mexico mo. (No. _____)

File No. _____

Registered No. 117

St. _____ Ward _____

2. FULL NAME Mary Theresa Zimmermann(a) Residence, No. 302 E. Lane St. 1 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 Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 - 1844

7. AGE

YEARS 91MONTHS 2DAYS 29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Lebanon, Germany
(STATE OR COUNTRY)

FATHER

13. NAME John Henry Stein

MOTHER

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Christina Frieda Brill16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Albert Zimmermann
(ADDRESS) Mexico mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis mo. DATE July 30, 193519. UNDERTAKER McPherson Bros.
(ADDRESS) Mexico mo.20. FILED July 30, 1935 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 193522. I HEREBY CERTIFY, That I attended deceased from 7-10-35 to 7-28-35I last saw him alive on 7-28-35 Death is saidto have occurred on the date stated above, at 1:30 a.m.

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

Date of onset _____

Caidis Nephritis

Other contributory causes of importance:

SenilityName of operation none Date of _____What test confirmed diagnosis clinical Was there an autopsy? _____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) Frank J. Geller(Address) Mexico, Mo.

