APR 21 1936

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

Do not use this space.

11431

1. PLACE OF DEATH
County Linn
Township
City Brookfield (No. , State St. X Ward)
Registration District No. 496
Primary Registration District No. 3025
File No.
Registered No. 28

2. FULL NAME Alley Zimmerson
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Zimmerson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1885
7. AGE YEARS 51 - MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Linn Co Mo

FATHER
13. NAME Lewis Stufflebean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Know

MOTHER
15. MAIDEN NAME Lizzie Cornett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) John Zimmerson Brookfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE 3-5 1936
19. UNDERTAKER (ADDRESS) C. W. Hill Brookfield Mo
20. FILED April 9 1936 J. Shucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935, to March 4, 1936
I last saw her alive on March 4, 1936. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93 C	

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? 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) L. J. Pierce, M. D.
(Address) Brookfield Mo

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.