

JUN 27 1936

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

Do not use this space.

21624

1. PLACE OF DEATH

County Saline Registration District No. 796  
Township ..... Primary Registration District No. 3038  
City Marshall (No. Fitzgibbon Hosp) St. .... (Ward) .....

File No. ....

Registered No. 109

2. FULL NAME Infant of Mr & Mrs Paris Zimmerman

(a) Residence, No. Fitzgibbon Hospital Ward. .... (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1936

7. AGE YEARS MONTHS DAY If LESS than 1 day, .... hrs. or .... min.  
✓ ✓ ✓ 1

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) Marshall (STATE OR COUNTRY) Mo

FATHER 13. NAME Paris Zimmerman  
14. BIRTHPLACE (CITY OR TOWN) Saline Co (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Alma Ruth Thomas  
16. BIRTHPLACE (CITY OR TOWN) Saline Co (STATE OR COUNTRY) Mo

17. INFORMANT Paris Zimmerman (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hedge Park DATE May 17 1936

19. UNDERTAKER W. H. Campbell (ADDRESS) Marshall Mo

20. FILED May 17 1936 Heleyn Ruston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1936, to 5-17, 1936  
I last saw her alive on 5-17, 1936. Death is said

to have occurred on the date stated above, at 8 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Intermittent Abolysis  
Other contributory causes of importance: 15 M

Name of operation None Date of 15 M  
What test confirmed diagnosis? Cerebral 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? Yes  
If so, specify .....  
(Signed) Heleyn Ruston M. D.  
(Address) Marshall 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.

