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 17 1936

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

Do not use this space.

25815

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 128
Township Applecreek Primary Registration District No. 5176B
City (No. , St. Ward)

File No.
Registered No.

2. FULL NAME Wm Zimmerman
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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) Aug 7-1873
7. AGE YEARS 62 MONTHS 11 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. Farmer
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) Cape Gir Co.

FATHER
13. NAME Wm Zimmerman Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir Co.

MOTHER
15. MAIDEN NAME Henernatta Tuschoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir Co.

17. INFORMANT (ADDRESS) Frank Zimmerman Friedheim Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arnsburg Cemetery DATE July 10 1936

19. UNDERTAKER (ADDRESS) McCombs F & U Co Jackson Mo.

20. FILED AUG 10 1936 Laura Gube Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

22. I HEREBY CERTIFY That I attended deceased from July 8, 1936, to July 9, 1936
I last saw him alive on July 9, 1936 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation

92a

Date of onset

Other contributory causes of importance:

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? 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?
If so, specify
(Signed) R D Blaylock, M. D.
(Address) Oak Ridge Mo