

JAN 23 1937

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

Do not use this space.

40209-1

1. PLACE OF DEATH

County North

Township Allen

City Madison (No. 1)

Registration District No. 905

Primary Registration District No. 6216

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-22-1861

7. AGE YEARS 74 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.

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

13. NAME V. B. Greckmore

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

15. MAIDEN NAME Sarah Ingber

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

17. INFORMANT Rev. G. Greckmore (ADDRESS) Barberville, Ky.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Isabelle DATE 10/27 1936

19. UNDERTAKER Bramm (ADDRESS) Barberville, Mo.

20. FILED 11-12 1936 E. J. Trier Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1936 to Oct 24 1936

I last saw h. alive on Oct 24 1936 Death is said

to have occurred on the date stated above, at 5 P. m.

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

Accidental poisoning
Black Leaf 40 (nicotine)

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 _____, 1936

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. L. Green M.D.

(Address) New Hampton, Mo.

JUN 14 1951