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.

REC'D JUL 7 1938

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

Do not use this space.

23069

1. PLACE OF DEATH
County Scott
Township Moley
City Morley
Registration District No. 819
Primary Registration District No. 6068
File No.
Registered No.
(No. , St. Ward)

2. FULL NAME Laura Alice Zimmerman 565
(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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John R Zimmerman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1867
7. AGE: YEARS 70 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
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): Cape Girardeau Co. Mo.

FATHER
13. NAME: Alvin Stather 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know Don't Know. 9

MOTHER
15. MAIDEN NAME: Don't Know 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know Don't Know

17. INFORMANT (ADDRESS): J. R. Zimmerman Morley, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Morley Cem. Morley, Mo. DATE 6/12/ 1938
19. UNDERTAKER (ADDRESS): Bisplinghoff & Hubbard Chaffee Mo.
20. FILED June 12 1938. Nora L Daugherty Registrar
" 12 96

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/11, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1938, to 6/10, 1938
I last saw her alive on 6/3, 1938. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	9

48

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? No
If so, specify
(Signed) J A Cline, M. D.
(Address) Oran Mo