

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

Do not use this space.

34885

**1. PLACE OF DEATH**

County Jackson Registration District No. 395  
 Township Law Primary Registration District No. 1002  
 City K. C. Mo. (No. St. Luke Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 4221

**2. FULL NAME**

(a) Residence, No. 1007 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) North Kansas (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ida May Zimmerman

22. I HEREBY CERTIFY, That I attended deceased from 10/23/38, 1938, to 10/27, 1938

last saw h. l. m. alive on 10/27/38, 1938. Death is said to have occurred on the date stated above, at 9.30 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10th 1862

The principal cause of death and related causes of importance were as follows:  
Intestinal obstruction Date of onset 10/20/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

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 \_\_\_\_\_

Other contributory causes of importance:  
Intestinal adhesions  
Problems and appendicitis  
abscess

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harmon Mo

13. NAME Wm. H. Zimmerman

Name of operation Intestinal Bound Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah J. Pehek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs Zimmerman

18. BURIAL, CREMATION, OR REMOVAL PLACE Clats, Kans. DATE Oct 27, 1938

19. UNDERTAKER (ADDRESS) W. H. Fayer & Son

20. FILED 10/28, 1938 M. M. Brown Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

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) W. H. Fayer M.D., M. D. (Address) 1007 North Kansas

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.

