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

Do not use this space.

21173

Filed JUL 15 1940

2

1. PLACE OF DEATH
County Bollinger D Registration District No. 66
Township Lorance Primary Registration District No. 5-102-B
City Lutesville; (No. 565, St., Ward)

File No. 1
Registered No. 14

2. FULL NAME Columbus Nathan 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Polly Jim Merriman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 12 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	7	20	

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co 0

FATHER

13. NAME George Zimmerman 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Inahalia Kinder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co,

17. INFORMANT Bryan Zimmerman (ADDRESS) Lutesville, Mo,

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Glenallen Mo. DATE 6-3-1940

19. UNDERTAKER Baker Funeral Home (ADDRESS) Perryville Mo.

20. FILED June 5 1940 Millie H. Daw Am Regist. 6/15/40

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1940

22. I HEREBY CERTIFY, That I attended deceased from May 24 1940 to June 2 1940

I last saw h... alive on June 2nd 1940 Death is said to have occurred on the date stated above, at 4-42 Am.

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

	Date of onset
Senile Myocarditis	May 24
Uremia	
Cerebral Thrombosis	

Other contributory causes of importance: Senility 12D

Name of operation None Date of

What test confirmed diagnosis? Clinical 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?
If so, specify.

(Signed) O D Sample, M. D.
(Address) Patterson 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.

No. 2B
-2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21173

Registration District No. 66 — Primary Registration District No. 3102 13 — Registrar's No.

1. PLACE OF DEATH
(a) County Bollinger
(b) City or town Lorance
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bollinger
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Near Fultesville, Lorance Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Columbus Nath Simmerman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 80 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) June 5 1940 (Date received local registrar) (b) Willie H. Davis Dunbaugh (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature W. D. Sanders (M. D. or other)
Address Fultesville Date signed