

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32524

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion(b) Township Miller(c) City Brinktown

20

Registration District No. 1040Primary Registration District No. 5736Registered No. 6

(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 66 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? 66 yrs. X mos. X ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_

Brinktown, Mo.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

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

Widowed

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

Mary Zimmer

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 13 - 1853

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, X hrs. or X min.86121

## OCCUPATION

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

Retired farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

own farm

10. Date deceased last worked at this occupation (month and year)

1932

11. Total time (years) spent in this occupation

65

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown6

## FATHER

## 13. NAME

Unknown6

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

Unknown6

## MOTHER

## 15. MAIDEN NAME

Unknown

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

Unknown

## 17. INFORMANT (ADDRESS)

Lawrence Zimmer

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Brinktown

DATE

Feb 61940

## 19. FUNERAL DIRECTOR (ADDRESS)

H. H. Strop

## 20. FILED

761940Curtin

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 194022. I HEREBY CERTIFY, That I attended deceased from January 28, 1940, to Feb 4, 1940I last saw him alive on Feb. 4, 1940 Death is saidto have occurred on the date stated above, at 2 P. m.

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

Lobular pneumoniaDate of onset 1/28/40Other contributory causes of importance: AgeName of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1940

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 XNature of injury X24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify X

(Signed)

Donley Gates, M.D.

(Address)

Brinktown, Mo.

STATEMENT BY LICENSED EMBALMER

I, Never Embalmed The Body, Licensed Embalmer No. 2924

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

H H Strop

Licensed Embalmer No. 2924

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**