

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

Do not use this space.

21832

1. PLACE OF DEATH

Country Jasper Registration District No. 411 File No. _____
 Township Jasper Primary Registration District No. 2002 Registered No. _____
 City Jasper St. Central 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

MEDICAL CERTIFICATE OF DEATH

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13-79

7. AGE YEARS 51 MONTHS 9 DAYS 4 If LESS than day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) San Francisco

13. NAME Richard Zimmerman

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

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Charles Zimmerman

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada DATE 6-20-31

19. UNDERTAKER (ADDRESS) Thompson and Co. Jasper Mo.

20. FILED 6/19 19 31 Adrian Clark Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1931

22. I HEREBY CERTIFY that I attended deceased from June 18, 1931 to June 18, 1931

First saw her alive on June 18, 1931 Death is said to have occurred on the date stated above, at 4 P.M.

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

fracture of skull
cerebral hemorrhage
167
87A
 Date of onset 6/17/31

Other contributory causes of importance:
gun shot wound
210 shot gun

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 6/17/31

Where did injury occur? at home, Jasper, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury gun shot wound

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harry Simmons, M. D.
 (Address) Coroner, Jasper Co.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 26 1931

