

MAY 25 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

13814

## 1. PLACE OF DEATH

County PettisRegistration District No. 669Township LakecreekPrimary Registration District No. 5897City                      (No.                     )File No.                     Registered No. 8St.                      Ward                     2. FULL NAME Mrs Margaret Johannah Zimmerschied(a) Residence, No.                       
(Usual place of abode)St.                      Ward                     

(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

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF Albert Zimmerschied6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-18817. AGE 52 YEARS4 MONTHS0 DAYSIf LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.At Home9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Camp Branch,  
Missouri

FATHER

13. NAME Jacob Stuhner14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Hanover  
Germany

MOTHER

15. MAIDEN NAME Elizabeth Heineman16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri17. INFORMANT  
(ADDRESS)John Stuhner  
R F D Mora, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill DATE 4-27-3419. UNDERTAKER  
(ADDRESS)E L Eickhoff Cole Camp Mo20. FILED H-27 1934 Mrs J B Monsees  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24- 193422. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....I last saw h..... alive on..... 19..... Death is said  
to have occurred on the date stated above, at 3:15 P. m.

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

Suicide by Hanging  
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Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury....., 19.....Where did injury occur? at home  
(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..... Hanging24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) D. B. Reiser, M. D.(Address) Cole Camp, 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.

*[The following information was obtained from records maintained by the FBI - Bureau]*

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