

3.—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.

9585- B
26 1930

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

Do not use this space.

9585- B

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No.) (Name) St. Ward

Registration District No. 5772
Primary Registration District No. 5772

File No.
Registered No.
St. Ward

2. FULL NAME Chas William Zimmerman

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, or DIVORCED HUSBAND OF (OR) WIFE of Kate Zimmerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 10 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 11 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Antonius Zimmerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Hornbech

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT E. C. Zimmerman
(Address) James town mo.

15. FILED Dec 3 1930 Ellis W Raikes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1930

17. I HEREBY CERTIFY That I attended deceased from March 3 1930, to March 6 1930, that I last saw him alive on March 6 1930, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Septicemia
930
36 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) Myocardial degeneration (Fatty) (duration) unknown

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WHAT TEST CONFIRMED DIAGNOSIS Laboratory
(Signed) Ellis W Raikes M. D.

, 19 (Address) James town Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moniteau Ew Cem. DATE OF BURIAL 3-7 1930

20. UNDERTAKER C. Albert Hornbeck Prairie Home mo. ADDRESS

V. S. No. 1

R. C.