

REC'D JUN 17 1938

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

Do not use this space.

19320

## 1. PLACE OF DEATH

County

Ray

Registration District No.

744

Township

Primary Registration District No.

2035

File No.

Registered No.

147

City

Richmond

(No.

St.

Ward)

## 2. FULL NAME

Jacob O. Zimmer MAN

515

(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

Male

4. COLOR OR RACE

White

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

Widow

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

Kaney Ida Rhodes

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

Oct 28-1860

7. AGE

YEARS

MONTHS

DAYS

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

77

6

19

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

Ret. Merchant

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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Iowa Point Kan

13. NAME

John Zimmerman

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

15. MAIDEN NAME

Polly Lewis

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

Iowa Point Kan

17. INFORMANT

A M Clark

(ADDRESS)

Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lawson Mo.

DATE May 17<sup>th</sup> 1938

19. UNDERTAKER

(ADDRESS)

Brothers Funeral Home  
Richmond Mo.

20. FILED

5-17 38 Dray McCreedy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 16 1938, to May 16 1938

I last saw him alive on May 16 1938. Death is said

to have occurred on the date stated above, at 4:00 p. m.

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

Acquired Pectoris

Date of onset

Other contributory causes of importance:

AHP

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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? *yes*

If so, specify

(Signed)

J. H. Green

M. D.

(Address)

Richmond Mo.

N.B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

[The main body of the document contains extremely faint and illegible text, likely a form or report, with various fields and headings that cannot be discerned.]

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

19320  
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744  
 (b) Township Richmond Primary Registration District No. 3035 Registered No. ....  
 (c) City Richmond (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Jacob O. Zimmerman 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938

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

22. I HEREBY CERTIFY, That May 16 attended deceased from

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

I last saw h. alive on May 16, 1938. Death is said to have occurred on the date stated above, at Richmond Mo. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 77 MONTHS 6 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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)

Other contributory causes of importance:

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 5-17 1938 Mauro M. Donald Local Registrar

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) L. S. Greener, M. D.  
 (Address) Richmond Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. If in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

