

**STATE OF NEW MEXICO---BUREAU OF PUBLIC HEALTH  
CERTIFICATE OF DEATH**

PLACE OF DEATH Bernalillo State New Mexico Registered No. 1218  
County of \_\_\_\_\_

School District \_\_\_\_\_ or Village \_\_\_\_\_  
or City Albuquerque No. 311 So. Sixth St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and Number)

Length of residence in city or town where death occurred: 5 yrs. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Zerach Nagerman  
(a) Residence No. 311 So. 6th St., \_\_\_\_\_ Ward Albuquerque  
(Usual place of abode) (If non-resident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. RACE White  
5. Single, Married, Widowed, Divorced, or by the word \_\_\_\_\_

5a. If married, widowed, or divorced  
HUSBAND or WIFE of Margaret Nagerman

6. DATE OF BIRTH (month, day, and year) 16-20-1886

7. AGE: Years 41 Months 4 Days 10  
8. LESS than \_\_\_\_\_ yrs. or \_\_\_\_\_ min.

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

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

10. Date deceased last worked at this occupation (month and year) 1925  
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Anden Kansas  
(State or country)

13. NAME Charles Nagerman

14. BIRTHPLACE (city or town) Anden Kansas  
(State or country)

15. MAIDEN NAME Sont Know

16. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)

17. INFORMANT Whitt Nagerman  
(Address) 311 So. 6th St.

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cemetery Date 1-30-30

19. UNDERTAKER Paul Wehner  
(Address) Albuquerque

20. FILED 2-1 1930 13 Subregistrat.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 1-30-30

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ June \_\_\_\_\_ 1928, to Jan 30, 1930  
last saw him alive on Jan 30, 1930 death is said to have occurred on the date stated above, at 12:45 m.

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

Chronic Pulmonary Tuberculosis Date of onset 1927

Contributory causes of importance not related to principal cause:  
Myocarditis 43 Jan. 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? No

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)

Check whether injury occurred in industry... home... public place...  
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_

(Signed) W.D. Davis M. D.  
(Address) Albuquerque N.M.