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.

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

Do not use this space. 8486

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No.
City Kansas City (No. 5444 Garfield St. Ward) — Registered No. 1344

2. FULL NAME Mary M. Zimmerman
(a) Residence. No. 5444 Garfield St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. Zimmerman
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 17, 1855
7. AGE: Years 71 — Months 9 — Days 13 — If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bluffton, Ind.

PARENTS
10. NAME OF FATHER: Jas. R. Greer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co. Mo.
12. MAIDEN NAME OF MOTHER: Margaret Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clinton Co Mo.

14. INFORMANT (Address): W. G. Zimmerman 3023 Olive
15. FILED 3/30, 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 30 1927
17. I HEREBY CERTIFY, That I attended deceased from March 14, 1927, to March 30, 1927 that I last saw her alive on March 28, 1927, and that death occurred, on the date stated above, at 10.55 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) yrs. mos. 17 ds.
CONTRIBUTORY (SECONDARY): Senility and Arterio-sclerosis
(duration) 2 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. C. McClure, M. D
3/30, 1927 (Address) 728 Argyle Bldg KC 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: Topeka, Kans. — DATE OF BURIAL: 4-1 1927
20. UNDERTAKER: D. H. Newcomer's Sons K. C. Mo — ADDRESS

728 Argyle
3700 Hav.
on