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.

15177

1. PLACE OF DEATH
County Jackson
Township Blue
City Kans City (No. 4620 East 11th St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 2045

2. FULL NAME Mary A. Zimmerman
(a) Residence. No. 4620 East 11th 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. 11 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Burwick Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER David H. Moss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vandalia
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Minerva McClure
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) McDonald Co
(STATE OR COUNTRY) Ill

14. INFORMANT Anna Reinking
(Address) 4620 E 11 St K.C. Mo.

15. FILED May 18 1927 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1926, to May 17, 1927, that I last saw her alive on April 12, 1927, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of right lung -
47 B
About 2 (duration) 49 mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) 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) Forest F. Foster, M. D
5/18 1927 (Address) K.C. 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 Sui Mills - Oak Grove
DATE OF BURIAL 5-19 1927

20. UNDERTAKER C. D. Carson & Son
ADDRESS Indep Mo