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.

27665

File No. 70

Registered No. .....

1. PLACE OF DEATH

County Lafayette

Township Lexington

City ..... (No. ..... St. ..... Ward)

Registration District No. 461

Primary Registration District No. 5625

2. FULL NAME Mary Lenier Kimmick

(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: 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: N X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 25 - 1854

7. AGE: Years 72 | Months 8 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Warren Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Mr Lenier

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

12. MAIDEN NAME OF MOTHER: Mary Shultz

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

14. INFORMANT John Kimmick
(Address) Lexington Mo

15. FILED Sept 12, 1927 F. D. Cope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Sept 11, 1927, that I last saw her alive on Sept 11, 1927, and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

8 to 14

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A J Chalkley, M. D

Sept 12, 1927 (Address)

*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: Lexington Mo

DATE OF BURIAL: Sept 14 1927

20. UNDERTAKER: Ernest Fegart

ADDRESS: Lexington Mo