

38344

3 County Maricopa
Township Miller
City _____

Registration District No. 1040
Primary Registration District No. 5736

File No.
Registered No. 10
St. Ward

FULL NAME Mary Zimmer

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? 4 yrs. 4 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857, May 3

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, X hrs. or X min.
	79	5	2	

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

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

10. Date deceased last worked at this occupation (month and year) Mar 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Rich fountain
(STATE OR COUNTRY) Missouri

13. NAME John R. Kister

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Lawrence Limer
(ADDRESS) Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER Herbert H. [redacted] 120 [redacted]
(ADDRESS)

20. FILED 10-6, 1936 CW Winkelman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from
July 27, 1936, to Sept 16, 1936

I last saw her alive on Sept 16, 1936. Death is said to have occurred on the date stated above, at 4:00 a.m. The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

2021.11.11

Other contributory causes of importance:

Mitral Stenosis 200 Known

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury 7, 195
 Where did injury occur? X

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) W. J. Hales
(Address) Birmingham, Ala.



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

Do not use this space.

1. PLACE OF DEATH

County Marion

Registration District No. 1040

Township Miller

Primary Registration District No. 3-136

City (No.)

File No.

Registered No. 10

St. Ward

2. FULL NAME

(a) Residence, No. Mary Zimmer St. Ward
(Usual place of abode)

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

F

4. COLOR OR RACE

W

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

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

79

5

2

OCCUPATION

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

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 at this occupation

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brinktown Cemetery DATE Oct. 7 1936

19. UNDERTAKER (ADDRESS)

20. FILED 2-9 1937 C. W. Winkelman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

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) , M. D.

(Address)

44-3886-S