

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

Do not use this space.

SEP 29 1936

31112

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 1-115
Registered No. 115
St. 23 Ward

2. FULL NAME

Mrs. F. L. Zimmerman

(a) Residence, No. 1st Wayne Indiana 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 2

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

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 in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1st Wayne Indiana

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. E. J. Banelier 1108 Montgomery

18. BURIAL, CREMATION, OR REMOVAL PLACE 1st Wayne Indiana DATE 1936

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Woodward

20. FILED 23 1936 M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1936, to 8-23, 1936

I last saw her alive on 8-23, 1936. Death is said to have occurred on the date stated above, at 9:45 A. M.

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

Cerebral Thrombosis (Basilar Artery) with cerebral softening
J. J. G.

Date of onset

Other contributory causes of importance: Hypertension Genl Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? Yes

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? No

(Signed) Harold M. Roberts, M. D.

(Address) 1324 Professional Bldg, K.C., Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY.

