

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

Do not use this space.

15117

1. PLACE OF DEATH MAY 15 1937
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 514 East 44th Street) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Mrs. Helen Z. Ackerman
 (a) Residence, No. 514 East 44th Street, St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____
Deputy Coroner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1905

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
32 0 32

The principal cause of death and related causes of importance were as follows:
Chronic pulmonary tuberculosis Date of onset _____

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. At Home
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
no

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

Name of operation _____ Date of _____

13. NAME Harry Zimmerman

What test confirmed diagnosis _____ Was there an autopsy yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicidal _____ Date of injury _____, 19____

15. MAIDEN NAME Don't Know

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Russell E. Ackerman
514 East 44th Street

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeville, Ind. DATE Apr. 7, 1937

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel
Kansas City, Missouri

(Signed) [Signature], M. D.
 (Address) _____

20. FILED Apr 7 1937
[Signature]
 Registrar.

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

