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

Do not use this space.

~~14827~~

File No. 1872

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 6023 Main Street St. Ward)

2. FULL NAME Mary Irene Dinsmore

(a) Residence. No. 6023 Main Street St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	79	7	6	

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) Big Springs
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER John [illegible]. Dinsmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greene County
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Martha Jane Guy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Alexander
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Nannie Dinsmore
(Address) 6023 Main St

15. FILED 4/21, 1929 M. M. Crowe
REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19, 1920

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to Apr 19, 1929, that I last saw her alive on 4/19, 1929, and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chronic)

936 7015

112 7015 (duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) Anemia

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) U G McElvain, M. D.

4/20, 1929 (Address) 1004 Reath Bldg

*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	DATE OF BURIAL
Carthage, Mo.	4/23 1929
20. UNDERTAKER	ADDRESS
Stine & McClure	3235 Gill Plaza

N. B. Every item [illegible] be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that [illegible] may be properly classified. Exact statement of OCCUPATION is very important.

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