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

Do not use this space.

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 8829

Township — Primary Registration District No. — Registered No. 257

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Myrtle Violet Kemery,

(a) Residence. No. (Usual place of abode) St., Ward. Bedford, Iowa, (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28th. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	12	

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) Coin, (STATE OR COUNTRY) Iowa,

PARENTS

10. NAME OF FATHER John B. Dunmire,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Pennsylvania,

12. MAIDEN NAME OF MOTHER Anna Jane Woodworth

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

14. INFORMANT J. Francis Kemery (Address) Bedford, Iowa,

15. FILED 3-10, 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10. 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-9-31, 19..., to 3.9.31, 19..., that I last saw h. (ER) alive on 3-9-31, 19..., and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis (non epidemic) (duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. 1 wk mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Roentgen ray and laboratory tests

(Signed) [illegible] M.D.

March 11 1931 (Address) [illegible]

*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
Bedford, Iowa, via auto	Mch. 12, 1931
20. UNDERTAKER	**ADDRESS**
Heaton & Bowman	319 S. 10 St.

Funeral Home

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.