

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 85

Do not use this space.

8548

1. PLACE OF DEATH

115
9
County Buchanan Registration District No. 00
Township St. Joseph Primary Registration District No. 1001
City St. Joseph, Mo (No. State Hospital) St. _____ Ward _____

File No. _____

Registered No. 267

2. FULL NAME

Beverly Jean Dunsmore
(a) Residence, No. County Club Place St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Hospital
10. Date deceased last worked at this occupation (month and year) 2/28/33 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo

13. NAME John M. Dunsmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mitchell, Ontario Canada

15. MAIDEN NAME Frances L. Gayfer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ingersoll Ontario Canada

17. INFORMANT (ADDRESS) D. J. M. Dunsmore, 1001 E. 1st St., St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Grove DATE March 6, 1933

19. UNDERTAKER (ADDRESS) Sleeman Funeral Home, Inc., St. Joseph, Missouri

20. FILED MMAR 6 1933 John K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1933 to 3/5, 1933

I last saw her alive on 2-5, 1933 Death is said

to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108 108
Date of onset 3/1/33

Other contributory causes of importance: none

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? _____ 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
If so, specify _____

(Signed) D. J. M. Dunsmore, M. D.
(Address) St. Joseph Hospital #2 St. Joseph, Mo

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.

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Per

1912-10-6