

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

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.

SEP 17 1934

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

Do not use this space.

30146

1. PLACE OF DEATH

County Monroe
Township
City Monroe City (No.)

Registration District No. 581
Primary Registration District No. 4343

File No.
Registered No. 23
St. Ward

2. FULL NAME

Mary T. Dinmore

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 55 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. A. Dinmore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-7th 1846</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	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) <u>Kentucky</u>		
MOTHER	13. NAME <u>Eligah P. Bailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Elizabeth Pepper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Wm. P. ...</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Jude's Seminary</u> DATE <u>Aug-13th 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Wilson & Son</u> <u>Monroe City Mo.</u>		
20. FILED <u>8-12</u> 1934 <u>O. W. Wilson</u> <u>Deputy Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25 1928 to Aug 11 1934
I last saw him alive on Aug 11 1934. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1920
Chronic Arthritis 1925

Other contributory causes of importance: None

Name of operation Physician's ruling
What test confirmed diagnosis? Physician's ruling Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19...
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) John H. ... M. D.
(Address) Monroe City Mo.

