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

Do not use this space.

25227

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7453

City St Louis (No. Mo Baptist Hospital St. ..... Ward)

2. FULL NAME James William Dinsmore

(a) Residence. No. ..... St., 12 Ward. Nebo Ill
(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)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 23, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	10	2.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work M. D.
(b) General nature of industry, business, or establishment in which employed (or employer) Physician
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Time
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER John C Dinsmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Barney. Mo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill

14. INFORMANT Carl J Wade
(Address) Nebo Ill

15. JUL 25 1930 FILED ....., 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-25- 1930

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1930, to July 25, 1930 that I last saw him alive on July 24, 1930, and that death occurred, on the date stated above, at 4:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Operation for Strangulated umbilical Hernia
122A
92A (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Organic valvular disease of heart (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 24/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) A. R. Kieffer, M. D.
July 25, 1930 (Address) 4480 Westminster

*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
Nebo Ill.	7-27 1930
20. UNDERTAKER	ADDRESS
G H Hobbs.	Nebo Ill

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.