

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

Do not use this space.

621

1. PLACE OF DEATH

County Chariton Registration District No. 169
Township Brunswick Primary Registration District No. 5235
City Brunswick (No.) St. Ward)

File No.
Registered No. 10-

2. FULL NAME

Infant Henry Dammner

(a) Residence. No. St. 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 Male 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) Jan-24-1929

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	-	-	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Henry Dammner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dora Grob

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Henry Dammner
(Address) Brunswick Mo

15. FILED 2/27, 19 29 Harry E. Tate
REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h. alive on 19....., and that death occurred, on the date stated above, at L.P.A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
159
W/O
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mother had puerperal eclampsia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry E. Tate M. D.
2/27, 1929 (Address) Brunswick, Mo.

*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 Indian Grove DATE OF BURIAL Jan 27 1929

20. UNDERTAKER L. W. Keiser ADDRESS Brunswick

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.

RECORD

