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

Do not use this space.

9792

1. PLACE OF DEATH
County Callaway Registration District No. 104
Township Primary Registration District No. 3008
City Fulton (No. State Hosp St. Ward)

File No.
Registered No. 67

2. FULL NAME Henry G. Dammer
(a) Residence. No. Franklin Co. Mo 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. 3 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): No information

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No information

6. DATE OF BIRTH (MONTH, DAY AND YEAR): —

7. AGE: Years 72; Months no further information; Days; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None given
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

131
262
95

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

PARENTS
10. NAME OF FATHER: No information
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No information
12. MAIDEN NAME OF MOTHER: No information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No information

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14. INFORMANT: State hospital records
(Address) Fulton Mo

15. FILED Mar 21 1929 R. N. Creus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 20 - 1929

17. I HEREBY CERTIFY, That I attended deceased from March 17 - 1929, to March 20 - 1929 that I last saw him alive on March 20 - 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio renal disease (chronic myocarditis and chronic interstitial nephritis)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Psychosis (acute mania)
(duration) yrs. mos. ds.

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and laboratory
(Signed) T. R. Frazer, M. D
3/20, 1929 (Address) Staff Physician

*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: St, Louis, Mo,
DATE OF BURIAL: D, K, 19

20. UNDERTAKER: Herndon-Taylor Furn-CO,
ADDRESS: Fulton, 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.