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.

AUG 20 1935

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

Do not use this space.

23107

File No.

Registered No. 2343

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Basil Damon
(a) Residence, No. Battle Creek, Michigan Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1908

7. AGE, YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
26	6	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Designer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Richland, Michigan

FATHER
13. NAME Orvil C. Damon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orangeville Michigan

MOTHER
15. MAIDEN NAME Nellie Veidine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Corners Michigan

17. INFORMANT (ADDRESS) Orvil C. Damon

18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE Battle Creek, Mich. DATE July 15, 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City, Missouri

20. FILED July 15, 1935 M. M. Cosgrove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to July 15, 1935
I last saw him alive on July 15, 1935. Death is said to have occurred on the date stated above, at 8:35 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (general)	7-10-35

Other contributory causes of importance:

Appendicitis-acute	7-9-35
gangrenous-	

Name of operation appendectomy Date of 7-10-35
What test confirmed diagnosis? yes Was there an autopsy? yes

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) Guy E. Owens, M. D.
(Address) 1520 Professional Bldg K.C.