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.

DEC 19 1938

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

39206

Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township Springfield, Mo.
(c) City Springfield
(d) Street Springfield Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 888

2. PRINT FULL NAME Mr. Otis Dameron
(a) Residence, No. Springfield Hospital St. Marshfield Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

565

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daisy Dameron
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1873
7. AGE YEARS 65 MONTHS 0 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Webster County Mo.

FATHER
13. NAME Hagwood Dameron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Iva Dameron Marshfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE Nov. 28, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reyn Rainey Marshfield Mo.
20. FILED Nov 26, 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938 to Nov 26, 1938
I last saw him alive on Nov 25, 1938 Death is said to have occurred on the date stated above, at 2400 m.
The principal cause of death and related causes of importance were as follows:
acute Gastro Enteritis — Date of onset 11/15/38
92 N
Other contributory causes of importance: Valvular Disease of Heart — Dont Know
Name of operation ..... Date of .....
What test confirmed diagnosis Symptoms Was there an autopsy? .....
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? .....
If so, specify .....
(Signed) T. S. Bruton, M. D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.