

MAY 18 1939

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

15178
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002
(c) City Joplin (d) Street No. 2010 E. 7th Street Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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.

2. PRINT FULL NAME

Chas. C. Dameron
(a) Residence, No. 2010 E. 7th St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18, 1885</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>—</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Leads, zinc</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>mine</u>		
10. Date deceased last worked at this occupation (month and year)..... 1. Total time (years) spent in this occupation.....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-39

22. I HEREBY CERTIFY, That I attended deceased from 4-21-39 to 4-21-39, 1939.
I last saw him alive on 4-21-39. Death is said to have occurred on the date stated above, at 3-AM.
The principal cause of death and related causes of importance were as follows:
Right heart failure
secondary to
Silicosis
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
Was there an autopsy? no

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 Lead, zinc mine
(Signed) James Joplin, M. D.
(Address) Joplin, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton MO

FATHER

13. NAME Wm Dameron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Virginia Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Pearl Dameron
(ADDRESS) Joplin MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 4-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm Joplin

20. FILED 4-25-39 1939
James Joplin
Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

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.

144
RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1102

Date Filed MAY 15 1939

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..... *Perry K. Schubert*.....

Licensed Embalmer No. 959

P. O. Address *Open*.....

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Primary Registration District No. 2002
 (c) City Joplin (d) Street No. 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.

2. PRINT FULL NAME Chas. C. Samron
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 - 4
 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.
 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)
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h. alive on, 19... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Right Heart failure
Secondary to Silicosis
Cor pulmonale
 Other contributory causes of importance:
Silicosis 94%
 Date of onset
 Name of operation Date of
 What test confirmed diagnosis? 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 Work
 (Signed) W. J. Ramsey, M. D.
 (Address) Joplin Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

