

1939 AUG 19 1939

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

26616
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township _____ Primary Registration District No. 3034 Registered No. 138
(c) City or mobily (d) Street No. McCormick 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.

2. PRINT FULL NAME WILLIAM LEONARD DAMERON

(a) Residence, No. _____ St. Huntsville, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs Pearl Dameron (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 10 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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) Huntsville 0

FATHER 13. NAME Joseph Green Dameron 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co 0

MOTHER 15. MAIDEN NAME Mary M Gunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Mo

17. INFORMANT (ADDRESS) Mrs. Mary Dickerson
Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE July 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville Mo

20. FILED July 23 1939 Pearl Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1939

22. I HEREBY CERTIFY That I attended deceased from July 20 1939, to July 22 1939

I last saw him alive on July 22 1939. Death is said to have occurred on the date stated above, at 3:40 AM.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cardiac orifice of stomach & metastases to Esophagus

Date of onset 1938

Other contributory causes of importance: Gastronomy 46

Name of operation Gastronomy Date of 7-21-39
What test confirmed diagnosis? X Ray 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? no
If so, specify _____ (Signed) L. McCormick, M. D.

(Address) mobily 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.

3656

RECEIVED

District Health Officer No. 10

District File Number 8-39-1725-

Date Filed AUG 9 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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

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