

1363 AUG 24 1939

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

26635.
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. Y38
(b) Township Chariton Primary Registration District No. 3972 Registered No.
(c) or City (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 FINIS. TOLMAN. DAMERON

(a) Residence, No. Sl. (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 widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 13

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. Retired merchant
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) Randolph Co

FATHER 13. NAME William Dameron

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

MOTHER 15. MAIDEN NAME Martha Louise H...

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

17. INFORMANT (ADDRESS) Mrs. Gertrude Spratt

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE Aug 27, 1939

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

20. FILED Aug-22- 1939 Mrs. D. A. Baruhart
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to Aug 5, 1939

I last saw him alive on Aug 5, 1939. Death is said to have occurred on the date stated above, at 8 P. M.

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

Coronary Thrombosis
Angine Pectoris
hypertension

Date of onset 8/5/39
1938
P. M.

Other contributory causes of importance: Senility 94 lb

Name of operation none Date of
What best confirmed diagnosis? Exam. 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) Philip H. Geyer, M. D.
Huntsville, Mo. (Address)

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.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/23/27

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 Hunterville

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.