

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32925
Do not use this space.

OCT 13 1939

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
 (b) Township Liberty Primary Registration District No. 5715 Registered No. 80
 (c) City Bevier, Mo. (d) Street No. R. F. D. 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 James Dameron

(a) Residence, No. Bevier, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 13

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 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) Unknown Mo

13. NAME Not known

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Joe Dameron (ADDRESS) Bevier, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon Cem. DATE 8/29/39

19. FUNERAL DIRECTOR (NAME) Albert Skinner (ADDRESS) Macon, Mo.

20. FILED 9/13 1939 Leota Newton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13 1939, to Aug. 27, 39, 1939

I last saw him alive on Aug. 25, 1939 Death is said to have occurred on the date stated above, at 12:00 P. M.
 The principal cause of death and related causes of importance were as follows:

coronary heart disease 8/1/39
heart block 8/13/39

Other contributory causes of importance:
Hypertensive heart disease

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) A. L. Durkin M. D.
 (Address) Callao, 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.

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WHOLE LABEL WITH UNFOLDING INSTRUMENTS IS A PERMANENT RECORD

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RECEIVED

District Health Officer No. 10

District File Number 10-39-1732

Date Filed OCT 5 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.....

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

Signed.....

Albert Skinner

Licensed Embalmer No. 737

P. O. Address Wagon M.

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.