24 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9925

1. PLACE OF DEATH
County Chariton — Registration District No. 171 — File No.
Township — Primary Registration District No. 4100 — Registered No. 7
City Keytesville (No. ... St. ... Ward)

2. FULL NAME Orlando Green Dameron
(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF: Ada M Elsia

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-22-1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
65	6	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Surveyor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Chariton Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: George G Dameron
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Susan Dysart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Howard Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs O G Dameron
(Address): Keytesville Mo

15. FILED 3/25, 1929 Zillie Snead, REGISTRAR
J. C. R.
R. Zillie Snead

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 14, 1929, to March 24, 1929, that I last saw him alive on March 24, 1929, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia 107A
87B
Parkinson's Disease
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) William W. Fellows, M. D
3/25, 1929 (Address) Salisbury, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marshall Mo
DATE OF BURIAL: Mar 27 1929
20. UNDERTAKER: Rucker & Garnett Keytesville 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.