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

486

Do not use this space.

37690-A

1. PLACE OF DEATH
County Lincoln
Township Herrican
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 687
Primary Registration District No. 5649

File No. .....
Registered No. .....

2. FULL NAME Addie 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July-15-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	4	14	

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

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

PARENTS
10. NAME OF FATHER: Chas. Merriwether
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Lydia Wells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va

14. INFORMANT: Noah Dameron
(Address) Elsberry-Mo.

15. FILED Nov 30, 1929 B. M. Gooch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 1927, ~~19~~, to Nov 29, 1929, that I last saw her alive on Nov 29, 1929, and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
41 C
122 B Obstruction of bowels
..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Colitis Probably Malignant (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis

(Signed) Chas L. Blank prod, M. D
, 19 (Address)

*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: Episcopal Cemetry
DATE OF BURIAL: Dec 1st 1929

20. UNDERTAKER: Gooch & Buchanan
ADDRESS: Eolia Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lincoln — Registration District No. 486 — File No. 37690 A

Township Hurricane — Primary Registration District No. 5649 — Registered No. 22

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Addie Dameron - (Dameron)

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1862

7. AGE — YEARS 67 — MONTHS 4 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Chas. Merriwither

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lydia Wells

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
(STATE OR COUNTRY)

14. INFORMANT Noah Dameron
(Address) Elsberry Mo

15. FILED 7-10, 1930 C. E. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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Obstruction of bowels

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Colitis probably Malignant (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical diagnosis

(Signed) Chas L Bankhead M. D

, 19 (Address) Paynesville 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 Episcopal Cemetery — DATE OF BURIAL Dec 1 1929

20. UNDERTAKER Gooch & Buchanan — ADDRESS Eolia Mo

SUPPLEMENTARY

5-37690-A