

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

Do not use this space.

40017

**1. PLACE OF DEATH**

County Chariton  
Township Brunswick  
City near Brunswick (No. ....)

Registration District No. 169  
Primary Registration District No. 5235

File No. ....  
Registered No. 52 .....  
St. .... Ward)

**2. FULL NAME**

Henry Dammann

(a) Residence No. .... St. .... Ward. ....  
(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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

Male White Married

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

July-6-1861

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
68	5	10	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Painter  
(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)**

Germany

**10. NAME OF FATHER**

Fred Dammann

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

Germany

**12. MAIDEN NAME OF MOTHER**

Minnie Ardover

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

Germany

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Dec. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1929 to Dec. 17 1929 that I last saw him alive on Dec 17 1929 and that death occurred, on the date stated above, at 5 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

myocarditis  
& aortal insufficiency  
92H  
93D (duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

aortal insufficiency (duration) 10 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

**DID AN OPERATION PRECEDE DEATH, DATE OF**

WAS THERE AN AUTOPSY, no

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) Harry E. Tatum, M. D.

\*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**

**DATE OF BURIAL**

Bureau Cross Brunswick Mo

Dec 19 1929

**20. UNDERTAKER**

**ADDRESS**

L. W. Kerisal Brunswick Mo

PARENTS

68

10

**14. INFORMANT (Address)**

Henry Dammann Brunswick Mo

**15. FILED**

12/18 29 H. E. Tatum REGISTRAR

