

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

Do not use this space.

23558

File No. _____

Registered No. 15- _____

1. PLACE OF DEATH
 73 County Newton Registration District No. 615-
 Township Marion Primary Registration District No. 5817
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME James William 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. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 14 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

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) Greene, Kansas ²

FATHER
 13. NAME Jason Earl Dameron
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo. ¹

MOTHER
 15. MAIDEN NAME Sarah Boord
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville, Mo.

17. INFORMANT J. Dameron
 (ADDRESS) Sarasota, Fla.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lawrence County DATE July 12 1932

19. UNDERTAKER Brookfield, Mo.
 (ADDRESS) _____

20. FILED 7-12th 1932 R. S. Chapman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 12, 1932

2. I HEREBY CERTIFY That I attended deceased from Jul 11, 1932, to Jul 11, 1932
 I last saw him alive on July 11, 1932. Death is said to have occurred on the date stated above, at 2:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Relio-colitis,

Date of onset
Jul 11/32

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) Lesly Simmons, M. D.
 (Address) Sarasota, Mo.

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 25 1932

