

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

Do not use this space.

10741

APR 24 1933

**PLACE OF DEATH**

County Randolph  
Township  
City Huntsville (No. ....)

Registration District No. 723  
Primary Registration District No. 435

File No. ....  
Registered No. 11  
St. .... Ward)

2. FULL NAME Charley Mitchell 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1933, to March 31, 1933  
I last saw h. alive on March 24, 1933 Death is said to have occurred on the date stated above, at 36 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1858

The principal cause of death and related causes of importance were as follows:  
Lobar  
11A. Pneumonia  
10B. 11C

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 8 13

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Famer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Infarction  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

FATHER  
13. NAME Rich Dameron

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

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

MOTHER  
15. MAIDEN NAME Sarah Davis

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.

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

17. INFORMANT Mrs. Dennis Herdson  
(ADDRESS) Huntsville

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Funeral home DATE Mar 28, 1933

19. UNDERTAKER Tom B. Patton  
(ADDRESS) Huntsville Mo

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify H. H. Simpson, M. D.  
(Signed) M. H. Simpson  
(Address) Huntsville Mo

20. FILED Mar 29, 1933 G. G. Pragg  
Registrar

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.

