

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35274

1. PLACE OF DEATH

County SalineTownship CambridgeCity (No.)Registration District No. 794Primary Registration District No. 6037AFile No. Registered No. 8St. Ward 2. FULL NAME Mrs Mary Damma(a) Residence, No. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 68 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Damma</u>

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1863

7. AGE	YEARS <u>70</u>	MONTHS <u>—</u>	DAYS <u>26</u>	IF LESS than 1 day, hrs. min. <u> </u>
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u>7-31-33</u>

11. Total time (years) spent in this occupation all life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Arnes
(ADDRESS) Elmwood Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE all Saints Cem DATE Oct. 9, 193319. UNDERTAKER Vandiver & Audsley
(ADDRESS) Elmwood Ave20. FILED Oct 6, 1933 J. P. Davidson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 193322. I HEREBY CERTIFY, That I attended deceased from 8-1, 1933, to Oct-6, 1933I last saw him alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Solenular Heart Disease Date of onset J. K.

59

92A

Other contributory causes of importance:

Carcinoma of Throat

Diabetes

Name of operation Chin. Op. Date of What test confirmed diagnosis? Chin. Op. Was there an autopsy? no

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? NoIf so, specify (Signed) M. P. Kitchner, M. D.(Address) Elmwood Ave

