

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

Do not use this space.

JAN 3 6 1935

1141

**1. PLACE OF DEATH**

County JACOBSON Registration District No. 399  
 Township RAW Primary Registration District No. 1002  
 City KANSAS CITY No. 2506 EAST 14TH ST. 1ST FLOOR WEST Ward

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** RICHARD G DAME

(a) Residence, No. 2506 EAST 14TH 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. DESSIE DAME  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 21 1863  
 7. AGE YEARS 71 MONTHS 5 DAYS 11 If LESS than 1 day, .....hra. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED  
 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

FATHER 13. NAME UNKNOWN DAME

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MISS ORA DAME  
 (ADDRESS) 2506 EAST 14TH ST

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE JANUARY 3, 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS  
 (ADDRESS) 2111 EAST 9TH ST

20. FILED Jan 2 1935 M.M. Keromet  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1934, to Jan 1, 1935

I last saw him alive on Dec 31st, 1934. Death is said

to have occurred on the date stated above, at 9:00 A.M.

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

Broncho-Pneumonia Date of onset Dec 25/34

Other contributory causes of importance: Chronic cardio-vascular disease

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? no Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) Blair E. Welch, M. D.

(Address) 806 Professional Bldg

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.

WHILE FILING, WITH ENVELOPING INSTRUMENTS IS A PERMANENT RECORD

# 806. Professional Bldg

Professional Building  
1000 Broadway  
New York, N.Y.

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