

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

Do not use this space.

APR 15 1935

9702

**1. PLACE OF DEATH**

County Lawrence Registration District No. 470  
Township Mt Vernon Primary Registration District No. 5633  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 23

**2. FULL NAME**

Harrison Dame  
(a) Residence, No. Wheaton Mo 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. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada Dame</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 27 1890</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>44</u>	<u>11</u>	<u>10</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>			
	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) <u>1 year</u>			
	11. Total time (years) spent in this occupation <u>Life</u>			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1924, to Mar 9, 1935.  
I last saw him alive on Mar 9, 1935. Death is said to have occurred on the date stated above, at 1:40 P.m.

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

Pulmonary T.B. Date of onset 1918  
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Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray 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? No  
If so, specify \_\_\_\_\_

(Signed) J. B. S. Baker, M. D.  
(Address) Mt. Vernon, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	13. NAME <u>S.H. Dame</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Mary Johnson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
17. INFORMANT <u>Belle's Funeral Home</u> (ADDRESS) <u>Wheaton Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rocky camp</u> DATE <u>Mar 10</u> 19 <u>35</u>	
19. UNDERTAKER <u>Belle's Funeral Home</u> (ADDRESS) <u>Wheaton Mo</u>	
20. FILED <u>3/10</u> 19 <u>35</u> <u>P.A. Holmes</u> 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.

