MAY 23 1935

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

Do not use this space.

12319

1. PLACE OF DEATH
County Cole
Township
City Jefferson City (No. , St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 139

2. FULL NAME John W. Damel
(a) Residence, No. 786 Clarke ave 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 negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	7	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teaching
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) Flordia mo Pike co.

FATHER
13. NAME Nelson Damel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flordia mo Pike co.

MOTHER
15. MAIDEN NAME Dinah Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flordia mo Pike co

17. INFORMANT (ADDRESS) Mrs J. W. Damel Jeff City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old city cemetery DATE 4-25 1935

19. UNDERTAKER (ADDRESS) L. D. Hardiman J. C. Mo

20. FILED 4/29/ 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to Apr 21, 1935
I last saw him alive on Apr. 21, 1935 Death is said to have occurred on the date stated above, at 6:15 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate gland — Date of onset

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Other contributory causes of importance:

Operation: Cystotomy March 21-35

Name of operation Prostatectomy Date of 4-5-35
What test confirmed diagnosis? Laboratory 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) [signature], M. D.
(Address) Jefferson City, Mo.

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.