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.

NOV 29 1935

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

Do not use this space.

1. PLACE OF DEATH
County Worth — Registration District No. 1112 — File No. 31707
Township Middle fork — Primary Registration District No. 1219 — Registered No.
City Worth (No. , St. Ward)

2. FULL NAME Elvis Oscar Dammar

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	26	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

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) May 1935 — 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Co.

FATHER
13. NAME John Dammer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Co

MOTHER
15. MAIDEN NAME Clarie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth Co

17. INFORMANT Jake Dammar (ADDRESS) Worth Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ft Smith City Mo DATE Sept 8 1935

19. UNDERTAKER Haywood Andrews (ADDRESS) Worth Mo

20. FILED 11-9 1935 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Sept 6 1935
I last saw h~~im~~er alive on Sept 6 1935 Death is said to have occurred on the date stated above, at ....p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

2 3

Other contributory causes of importance:

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

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?
If so, specify
(Signed) John Andrews M. D.
(Address) Grant City Mo