MAR 22 1937

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

Do not use this space.

6943

1. PLACE OF DEATH
County Laclede
Township Springfield
City ..... (No. ..... St. ..... Ward)

Registration District No. 449
Primary Registration District No. 5613

File No. .....
Registered No. .....

2. FULL NAME James Oscar Dismang
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1921

7. AGE: Years 15 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolboy
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) Laclede Co Mo

FATHER
13. NAME W. R Dismang
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co. Mo

MOTHER
15. MAIDEN NAME Stella Chastain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Co Mo

17. INFORMANT (ADDRESS) W. R. Dismang Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flatwood DATE 2/19/37, 19

19. UNDERTAKER (ADDRESS) W. E. Hallman Lebanon Mo

20. FILED 2, 20, 1937 J. A. McCumb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937 to Feb 18, 1937
I last saw him alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	

Other contributory causes of importance:
Lobar Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Typical 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? .....
If so, specify .....
(Signed) J. E. Scott, M. D.
(Address) Lebanon, 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.