

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

Do not use this space.

31136

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township _____ Primary Registration District No. 3076
City Lehlicoth (No. _____) St. _____ Ward _____

File No. _____
Registered No. 108

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Nellie Damm</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-13-1898</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>5</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer (Ret)</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)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	13. NAME <u>Phillip Damm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Edward Damm</u> (ADDRESS) <u>Lehlicoth Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic</u> DATE <u>Aug 20, 1937</u>	
	19. UNDERTAKER <u>Jas J. Gordon</u> (ADDRESS) <u>Lehlicoth Mo</u>	
20. FILED <u>Aug 20, 1937</u> <u>Harold H. Howell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1937, to Aug 18, 1937
I last saw him alive on Aug 14, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset Not known

Other contributory causes of importance: MI

Name of operation _____ Date of _____

What test confirmed diagnosis? Examination 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) AMG, M.D. _____ M. D.

(Address) Lehlicoth - 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.

