

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

Do not use this space.

JAN 20 1938

1. PLACE OF DEATH

County Marion
 Township Liberty
 City Palmyra (No.)

Registration District No. 548
 Primary Registration District No. 4323

File No. 46035
 Registered No. 57
 St. Ward)

2. FULL NAME

Christian Davis Daume

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Mae Daume

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 30 - 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 6 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 89

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) Palmyra, Mo.

13. NAME John C. Daume

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

15. MAIDEN NAME Sallie A. Daume

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT John C. Daume (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Mo. DATE 12-22-1937

19. UNDERTAKER (ADDRESS) E. J. Spurgeon Palmyra, Mo.

20. FILED Dec. 28 - 1937 Herbide Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 1927, to Dec 2, 1937

I last saw him alive on Dec 10, 1937. Death is said to have occurred on the date stated above, at 3 P.m.

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

Primarily Tuberculosis Date of onset 1927

Other contributory causes of importance: None

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

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 Not Related M. D.
 (Signed) Herbide Lee
 (Address) Palmyra 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.

