17-122

REC'D MAR 14 1938

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

Do not use this space.

File No. 5673

Registered No. 739

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 01002

City Kansas City Mo (No. Research Hospital St. Ward)

2. FULL NAME Georgia Nye Damon 550

(a) Residence, No. 4400 Paseo 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr. E. H. Damon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-10-1869

7. AGE: Years 68 | Months 10 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

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): Seneca Co Ohio

FATHER

13. NAME: Byron C. Nye. 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know 9

MOTHER

15. MAIDEN NAME: Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

17. INFORMANT (ADDRESS): Victor L. Damon 4400 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Floral Hill Cemetery DATE: 2/14/38, 19

19. UNDERTAKER (ADDRESS): O. V. Maar. Funeral Home. 3146 Main St

20. FILED 2/14, 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-11-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938, to Feb 11, 1938

I last saw him alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 10:07 P.m.

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

Lobar Pneumonia — Date of onset Feb 5, 38

108

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Exam 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) Kip Robinson, M. D.

(Address) 1103 Grand Ave. KC. 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.

W.E. Rep Robertson