

DEC 9 1938

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

38936
Do not use this space.

1. PLACE OF DEATH
(a) County Clay Registration District No. 201
(b) Township Liberty Primary Registration District No. 5280 Registered No. 92
(c) City Liberty (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____
2. PRINT FULL NAME Mary Morton Damples
(a) Residence, No. _____ St. _____ (Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

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 Frank Damples
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 10 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. for coop.
10. Date deceased last worked at this occupation (month and year) Apr 7 1938
11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.
13. NAME David K. Morton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key
15. MAIDEN NAME Mary McMeekin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key
17. INFORMANT (ADDRESS) Johette Bird Liberty, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 12/31/38
19. FUNERAL DIRECTOR (ADDRESS) Church - Anderson Liberty, Mo.
20. FILED 12/3 1938 E T Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1938, to Nov - 30, 1938
I last saw her alive on Nov - 30, 1938. Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:
Intoxication
Date of onset _____
Other contributory causes of importance:
She had a fractured leg in April 1938; & a sore on right side of spine which led her to be in bed all day & night after work.
Name of operation _____ What test confirmed diagnosis? Symptoms 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 W. L. Young (Signed) _____, M. D.
12/3 (Address) Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/8/38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38936
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 201
 (b) Township..... Primary Registration District No. 3012 Registered No. 92
 (c) City Liberty (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Marton Damples
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 10 22
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)
 FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1938
 22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset
 Other contributory causes of importance:
She had a fractured leg in about 1938, a sure the right side of spine which healed unable to do anything upward
 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? accident 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 by slipping on floor and
 Nature of injury falling
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) W. L. Weyzong, M. D.
 (Address) Liberty Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

