

REC'D MAR 13 1939

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

Do not use this space.

7104

1. PLACE OF DEATH

 County *Linn*
 Township *North*
 City *Ludlow* (No. *1*)

 Registration District No. *5-14 5663*
 Primary Registration District No. *Mum 370*

 File No. *806*
 Registered No. *1*

2. FULL NAME

 (a) Residence, No. *564 Ray Damerell* St. _____ Ward. _____

 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *39* 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 *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Linn Damerell*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 24, 1899*
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 6 24 3

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) *Dec 1936* 11. Total time (years) spent in this occupation *20*

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ludlow Mo*

 FATHER 13. NAME *Wm W. Damerell*

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ludlow Mo*

 MOTHER 15. MAIDEN NAME *Mary Borders*

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *I don't know Indiana*

 17. INFORMANT (ADDRESS) *Linn Damerell Ludlow Mo*

 18. BURIAL, CREMATION, OR REMOVAL PLACE *M'Creedy Cem* DATE *3/1/39*

 19. UNDERTAKER (ADDRESS) *B. F. Mead Braymer Mo*

 20. FILED *March 4, 1939* *Geo Moore* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 27, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *Dec 1, 1938* to *Feb 20, 1939*

 I last saw him alive on *Feb 20, 1939* Death is said to have occurred on the date stated above, at *5:30* m.

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

Carcinoma of Transverse Colon Date of onset *1937*

 Other contributory causes of importance: *46*

 Name of operation *None* Date of _____

 What test confirmed diagnosis? *Cholera* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), list 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? *Yes*

If so, specify _____

 (Signed) *Geo Moore*, M. D.

 (Address) *Ludlow 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.

