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

Do not use this space.

32739

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 1126

City: St. Joseph, (No. 1308 Elwood St. St. Ward)

2. FULL NAME: Margaret M. Demske

(a) Residence. No. Cook Road, R.F.D. #6. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Demske

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar, 14, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	7	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

PARENTS

10. NAME OF FATHER: Carl Cramer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Hermina Neusal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Robert Demske
(Address): R.F.D. #6. City.

15. FILED: NOV 8 1927, 19 John G. Nitz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov, 6, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1927, to Nov 6, 1927 that I last saw her alive on Nov 6, 1927, and that death occurred, on the date stated above, at 6.20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Hypostatic Congestion of Lungs~~ Bronchopneumonia

Cardiac Dilation.

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Toxemia + Flu.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Will W. Grow, M.D.

11/8/, 1927 (Address) 222 Logan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery — DATE OF BURIAL: Nov, 9, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.