

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

Do not use this space.

37541

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3029
No. 617 Hill

File No.
Registered No. 339
St. 102 Ward

2. FULL NAME

(a) Residence, No. 617 Hill St. 102 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Kate Demmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RR Eng.
(b) General nature of industry, business, or establishment in which employed (or employer) C. B. O. R.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER Nicholas Demmer

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

12. MAIDEN NAME OF MOTHER Catherine Schmidt

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

14. INFORMANT Mrs. Kate Demmer (Address) Hannibal, Mo.

15. FILED 12-27-1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17-1927

17. I HEREBY CERTIFY, That I attended deceased from July, 1926, to 12-17, 1927, that I last saw living alive on 12-17, 1927, and that death occurred, on the date stated above, at 9.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
93C
82D

CONTRIBUTORY (SECONDARY) hemiplegia (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, (duration) 1 1/2 yrs. mos. da.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF... WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. J. Demmer, M. D.

*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 DATE OF BURIAL

St. Mary Cemetery 12-20 1927
20. UNDERTAKER James O'Donnell ADDRESS Hannibal

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.

