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.

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

Do not use this space.

5213

1. PLACE OF DEATH
County Jackson — Registration District No. 309 — File No. 871
Township Kaw — Primary Registration District No. — Registered No. 871
City Kansas City (No. 2011 W. Jarboe St. Ward)

2. FULL NAME Ollie Demas
(a) Residence. No. 2011 W. Jarboe St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1893
7. AGE: 36 YEARS, 7 MONTHS, 15 DAYS. If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Common Labor
(b) General nature of industry, business, or establishment in which employed (or employer): Job work
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John Demas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Lena Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Lena Price (mother)
(Address) 2011 W. Jarboe
15. FILED 7/25, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1927 to Feb 21, 1930 that I last saw him alive on Feb 12, 1930 and that death occurred, on the date stated above, at 9:10 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis
936
106B (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis
Cholera (duration) yrs. 3 mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) [illegible] M. D.
Feb 25, 1930 (Address) [illegible]

*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: West Lawn — DATE OF BURIAL: Feb. 27 1930
20. UNDERTAKER: Adkins Bros — ADDRESS: 2000 E 12th

12th & Broadway