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.

JAN 21 1933

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Registration District No. 85
Township X
Primary Registration District No. 1001
City St Joseph (No. State Hospital #2 St. Ward)

File No. 38552
Registered No. 1272

2. FULL NAME Robert Demery
(a) Residence, No. Higginsville Mo St., Ward. Higginsville Mo
(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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Demery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1885
7. AGE YEARS 47 MONTHS ? DAYS ? IF LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia 2

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia Unknown

17. INFORMANT Patient only. State Hosp Rec
(ADDRESS) St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospital #2 DATE 12-23-32 19

19. UNDERTAKER B.F.Graves Funeral Home
(ADDRESS) 806 S 17th St

20. FILED DEC 23 1932 19 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22nd, 1932, to Dec 19th, 1932
I last saw him alive on Dec 19th, 1932. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows: (Date of onset)

Pareses
83
34 8 2 (1)

Other contributory causes of importance:
Syphilis Paretic Disease Dec 19 1932

Name of operation Date of
What test confirmed diagnosis? Lab 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
(Signed) B. E. Miley By J R Bunch, M. D.
(Address) State Hosp #2