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

19932
2648

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: — Primary Registration District No.: 1002 — Registered No.:

City: Kansas City (No. 5100 Indep. Rd. Rubrown Sanit. Ward)

2. FULL NAME Nick Demur

(a) Residence. No. 3539 Warwick 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)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zora Demur

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Chauffer
(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) Austria

PARENTS

10. NAME OF FATHER Nick Demur

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Zora Demur
(Address) 3539 Warwick

15. FILED 6/26, 1933 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1933

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to June 24th, 1933, that I last saw him alive on June 24th, 1933, and that death occurred, on the date stated above, at 5:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dementia Paralytica
(Bulbar Paralysis)

Evident (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Malaria (duration) yrs. mos. 7 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? Laboratory, Spinal Fluid

(Signed) Paul A. G. Johnson, M. D.
, 19 (Address) 8100 Indep. Road.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Calvary — DATE OF BURIAL: June 27 1933

20. UNDERTAKER: John Stine — ADDRESS: Kansas City, Kan.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespec- [illegible] ions a single word or [illegible] icient, e. g., *Farmer or* [illegible] *r, Architect, Locomo-* [illegible] *ationary Fireman*, etc. [illegible] in industrial employ- [illegible] (*a*) the kind of work [illegible] business or industry, [illegible] ne is provided for the [illegible] sed only when needed. [illegible] *Cotton mill; (a) Sales-* [illegible] *n, (b) Automobile fac-* [illegible] may form part of the [illegible] urn "Laborer," "Fore-" etc., without more [illegible] *laborer, Farm laborer,* [illegible] men at home, who are [illegible] ousehold only (not paid [illegible] lefinite salary), may be [illegible] *work* or *At home*, and [illegible] yed, as *At school* or *At* [illegible] n to report specifically [illegible] engaged in domestic [illegible] *Cook, Housemaid*, etc. [illegible] changed or given up on [illegible] SING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—prob* [illegible] The nature of the injury, as fracture o [illegible] consequences (e. g., *sepsis, tetanus*), ma [illegible] under the head of "Contributory." (Re [illegible] tions on statement of cause of death a [illegible] Committee on Nomenclature of the [illegible] Medical Association.)

NOTE.—Individual offices may add to above l [illegible] able terms and refuse to accept certificates con [illegible] Thus the form in use in New York City states: [illegible] will be returned for additional information whic [illegible] the following diseases, without explanation, as t [illegible] of death: Abortion, cellulitis, childbirth, convul [illegible] rhage, gangrene, gastritis, erysipelas, meningitis, [illegible] necrosis, peritonitis, phlebitis, pyemia, septicem [illegible] But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE F [illegible]
BY F [illegible]