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.

23953

File No.
Registered No. 9

1. PLACE OF DEATH
County Nodaway
Township Hopkins
City ~~Hopkins~~ (No. St. Ward)

Registration District No. 624
Primary Registration District No. 5 8 V b

2. FULL NAME DeMott

(a) Residence, No. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
0	0	0	3 hrs. or 35 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Hopkins Mo

FATHER
13. NAME Harry DeMott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkins Mo

MOTHER
15. MAIDEN NAME Thelma Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell Mo

17. INFORMANT (ADDRESS) Mrs H DeMott Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins DATE 7-5 1933

19. UNDERTAKER Pugh Funeral Co
(ADDRESS) Maryville Mo

20. FILED 7-5 1933 O H Hayley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/4, 1933, to 7/4, 1933
I last saw him alive on 7/4, 1933. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify

(Signed) C W Kirk, M. D.
(Address) Hopkins Mo