JUL 2 2 1935

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

Do not use this space.

19416

1. PLACE OF DEATH

38 County Gontry — Registration District No. 309 — File No.

Township — Primary Registration District No. 4185 — Registered No. 23

City Albany (No. ..... St. ..... Ward)

1 2. FULL NAME Wm C. Demilt

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Jan. 9 1866

7. AGE: 69 YEARS — MONTHS: 5 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Albany

10. Date deceased last worked at this occupation (month and year) May 30, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

FATHER

13. NAME Samuel A. ~~Gus~~ Demilt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Cleveland Ohio

MOTHER

15. MAIDEN NAME Helen Powers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) J. A. Demilt Nelson - Nebr

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE 6/15 1935

19. UNDERTAKER (ADDRESS) Robert L Yaph Albany Mo.

20. FILED June 14 1935 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30th 1935, to June 13th 1935

I last saw him alive on June 13th 1935 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic ~~Chronic~~ Poisoning

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance: don't know

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W S Campbell, M. D.

(Address) Albany Mo

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.