OCT 31 1930

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

Do not use this space.

30650

1. PLACE OF DEATH

County Nodaway — Registration District No. 624 — File No.

Township Hopkins — Primary Registration District No. 5826 — Registered No. 25

City ~~Hopkins~~ (No. ..... St. ..... Ward)

2. FULL NAME Jacob V. Demott

(a) Residence. No. St. Josephmo. 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. 1 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)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	1	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor-apartment house

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unk

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER John Demott

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

12. MAIDEN NAME OF MOTHER unk

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

14. INFORMANT William Demott (Address) Hopkins, Mo.

15. FILED 9/30 1930 O H Taylor REGISTRAR
Oct. 9-30. C. P. Dryer M.C.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to Sept 29, 1930 that I last saw him alive on 9/26, 1930 and that death occurred, on the date stated above, at 7:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
9 30

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 906

(duration) yrs. 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? Clinical

(Signed) C W Kirk M. D.

9/30, 1930 (Address) Hopkins, Mo.

*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 Hopkins cem-Hopkins, Mo. — DATE OF BURIAL Sept 30 1930

20. UNDERTAKER A L stithem #2658 — ADDRESS Bedford Ia.

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.