

21 1928

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

Do not use this space.

30096-d

1. PLACE OF DEATH

County Stowant

Registration District No. 378

File No. _____

Township _____

Primary Registration District No. 42

Registered No. 4

City _____ (No. _____)

St. _____ Ward _____

FULL NAME Mary Kemp

(a) Residence, No. County farm 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

MEDICAL CERTIFICATE OF DEATH

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1919

Female Black Single

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

Dr. Nichols, died of Hughes was called. He said she died of tuberculosis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 44 - - -

33A (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

19. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? Dr. Nichols dead

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

(Signed) _____, M. D. _____, 19____ (Address) _____

INFORMANT J. D. Mabley (Address) Fayette Mo. now

*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.

15. FILED 2-11-1928 U. P. Roseman REGISTRAR

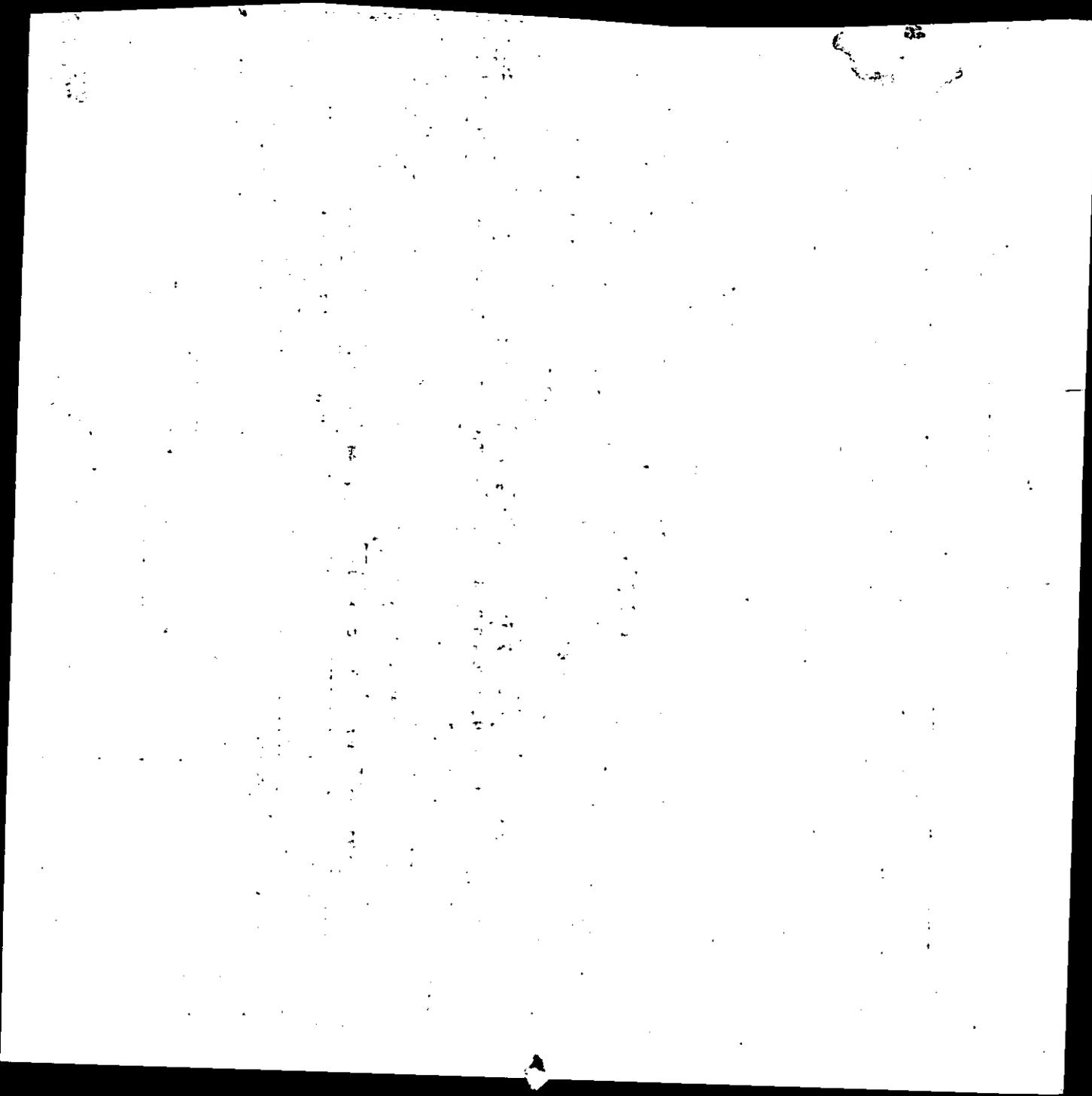
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Co farm Cushing DATE OF BURIAL Oct. 1919

20. UNDERTAKER J. D. Mabley ADDRESS Suit Fayette Mo.

PARENTS

USE OF

Vertical handwritten note: Dr. Nichols died of Hughes was called. He said she died of tuberculosis



COUNTY OF HOWARD
DELLA LAPPING
Clerk of the County Court
PATSY N. EATON
DEPUTY

FAYETTE, MISSOURI

February 11th., 1928.

STATE OF MISSOURI) SS
COUNTY OF HOWARD)

We, J. D. and Nettie Mobley, husband and wife, do swear that from March 1st., 1916 to March 1st., 1921, we were Superintendent of the County Farm, Howard County, Missouri, and in 1919, some time in the fall, Mary Kemp, Colored, an Inmate of the County Farm, died.

We further state that we buried the said Mary Kemp, Colored at the County Farm, Howard County, Missouri.

J. D. Mobley

Nettie Mobley

Subscribed and sworn to before me, the undersigned County Clerk of Howard County, Missouri. Done this the 11th., day of February, 1928.

RECEIVED

FEB 13 1928

THE STATE BOARD OF HEALTH
OF MISSOURI.

Della Lapping

Clerk of the County Court.

State Highway system
HOWARD COUNTY
MISSOURI

