

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

Do not use this space.

18731

1. PLACE OF DEATH

County Lafayette  
Township Dover  
City Philomina Arth (No. 460)

Registration District No. 460  
Primary Registration District No. 5223-B

File No. 18731  
Registered No. 52  
St. Ward

2. FULL NAME

(a) Residence. No. Philomina Arth St. Ward

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1854

7. AGE YEARS 73 MONTHS 0 DAYS 5 IF LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry Kempf

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 11 (STATE OR COUNTRY)

14. INFORMANT Mrs Ellis Arth (Address) Franklin City, Mo

15. June 16 1927 Sessie Porter REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15-1927

17. I HEREBY CERTIFY, That I attended deceased from June 15 1927, to June 15 1927, that I last saw him alive on June 15 1927, and that death occurred, on the date stated above, at —

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Weakness of stomach  
46B

CONTRIBUTORY (SECONDARY) 44A (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. G. Hammond, M. D.  
, 19 (Address) Don't know

\*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 DATE OF BURIAL

Dover MO June 17 1927

20. UNDERTAKER ADDRESS

Ernest Hegert Lexington

