

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

Do not use this space.

13542

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Haw Primary Registration District No. 1002
 City Kansas City (No. 3621, Virginia Ave) St. Ward

File No. 1877
 Registered No. 1877

2. FULL NAME

Morris G Kemp
 (a) Residence. No. 3621 Virginia Ave Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 47 yrs. mos. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Mrs. Clara Kemp</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 29, 1848</u>					
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>26</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Railroad man</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) <u>Florida</u> (STATE OR COUNTRY) <u>Massachusetts</u>					
PARENTS	10. NAME OF FATHER <u>Gideon Kemp</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>				
	12. MAIDEN NAME OF MOTHER <u>Mrs. Tower</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1928
 17. I HEREBY CERTIFY, That I attended deceased from April 21, 1928, to April 25, 1928.
 that I last saw him alive on April 25, 1928, and that death occurred, on the date stated above, at a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia left
lung

 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Arteriosclerosis
Diphtheria (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) John G. Elliott, M. D.
4/26 1928 (Address) 510 Chamber St. KC Mo

14. INFORMANT Mrs. Clara Kemp
 (Address) 3621 Virginia Ave
 15. FILED 4/26 28 M. M. Crow
Asst. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Park DATE OF BURIAL 4/28 1928
 20. UNDERTAKER D. N. Newcomer's Son ADDRESS 2116 E. 9th St.

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.

Dr. John Frank & Elliott
570 Chambers Bldg.
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