

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

Do not use this space.

13601

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Haw Primary Registration District No. 1002
 City Kansas City Mo 2742 Monroe

File No. 4130
 Registered No. 11231
 St. _____ Ward _____

2. FULL NAME

Samuel Martin Hembree
 (a) Residence. No. 2742 Myrtle 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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) July 31, 1909

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
18 9 9

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Doran Hembree

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

12. MAIDEN NAME OF MOTHER Marie June

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

14. INFORMANT Doran Hembree
 (Address) 2742 Monroe

15. FILED 4/30 28 M.M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/30 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 25, 1928 to Apr 30, 1928 that I last saw him alive on Apr 30, 1928, and that death occurred, on the date stated above, at 11 A M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever
 (duration) _____ yrs. _____ mos. 7 da.
 CONTRIBUTORY (SECONDARY) acute myocarditis
 (duration) _____ yrs. _____ mos. 3 da.

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? Laboratory & Hospital
 (Signed) W. E. Kunkin, M.D.

*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 Stockton Mo DATE OF BURIAL 4-30 19-28

20. UNDERTAKER O. V. Mast ADDRESS 1915-E 15

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.

