

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

Do not use this space.

28168

**1. PLACE OF DEATH**

County Pike  
Township Green  
City Bowling Green

Registration District No. 684  
Primary Registration District No. 4408

File No. ....  
Registered No. 30 .....  
St. .... Ward)

**2. FULL NAME**

Literia LaFon Kemble

(a) Residence. No. .... 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**

2. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. R. Kemble

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 | 1 | 27

**8. OCCUPATION OF DECEASED**

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

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

PARENTS

10. NAME OF FATHER Lycurgus LaFon

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

12. MAIDEN NAME OF MOTHER Leticia W. Summitt

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

14. INFORMANT Men Russell Bankhead (Address) Bowling Green Mo

15. 98 FILE NO. 10-28 Wm S. Summitt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1928, to Aug 5<sup>th</sup>, 1928 that I last saw him alive on Aug 4<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 12:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic tubercle of hip joint

18. WHERE WAS DISEASE CONTRACTED 131  
IF NOT AT PLACE OF DEATH, .....  
CONTRIBUTORY (SECONDARY) 127A  
(duration) yrs. mos. ds.  
(duration) 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) J. T. Gentry, M. D.  
, 19 (Address) Bowling Green 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 Bowling Green Mo DATE OF BURIAL 8-7<sup>th</sup> 1928

20. UNDERTAKER Grace Bankhead ADDRESS Bowling Green Mo

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.

P 27 1928

