

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

Do not use this space.

39683-C

**1. PLACE OF DEATH**

County Callaway  
Township St Aubert  
City (No. 1) \_\_\_\_\_

Registration District No. 105  
Primary Registration District No. 5154

File No. \_\_\_\_\_  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Mokane Mo St. R #1 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.

*James Robert Kemp*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Castola Kemp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-22-1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>45</u>	<u>3</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Callaway Co Mo

**10. NAME OF FATHER**

Joseph Kemp

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Va

**12. MAIDEN NAME OF MOTHER**

Lucy Meador

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Ky

**14.**

INFORMANT J. L. Kemp  
(Address) J. Bachelor Mo

**15.**

FILED 1/2 19 28 W. H. Williams REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 19 28

I HEREBY CERTIFY, That I attended deceased from 12-19 1928, to 12-29 1928 that I last saw him alive on 12-29 1928, and that death occurred, on the date stated above, at 8-45 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza with  
11A) Pneumonia  
109A

**CONTRIBUTORY (SECONDARY)**

Intestinal Influenza

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) W. O. Payne M. D.  
, 19 (Address) R # 9 Fulton

\*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**

Hans Prairie Cemetery 12-30 1928

**20. UNDERTAKER**

**ADDRESS**

B. W. Magruder Mokane, 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.

