

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Union
City (No.)

Registration District No. 5-1
Primary Registration District No. 3-74-2

File No. 0.2481
Registered No. 6
St. Ward)

2. FULL NAME Frederick Louis Kempf

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1866

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
62 8 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

10. NAME OF FATHER Casper Kempf

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

12. MAIDEN NAME OF MOTHER Caroline Wagner

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

14. INFORMANT Mrs. Fred Kempf
(Address) Palmyra, Mo.

15. FILED 1/14 1929 Mrs. C. F. Tipton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 12 1929

17. I HEREBY CERTIFY, That (attended deceased from Jan 12 1929, to Jan 12 1929, that I last saw h. w. alive on Jan 12 1929, and that death occurred, on the date stated above, at 4:30 P. m.

(THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular (mitral) heart disease

CONTRIBUTORY (SECONDARY) Chronic cystitis - from a previous prostaticomy 5 yrs. before

18. WHERE WAS DISEASE CONTRACTED Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. C. O'Neal, 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 Greenwood Cemetery **DATE OF BURIAL** 1/14 1929

20. UNDERTAKER Lewis Bead **ADDRESS** Palmyra, 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.

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1929

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