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.

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

Do not use this space.

29823

1. PLACE OF DEATH

County: Stone — Registration District No.: 843 — File No.:

Township: Washington — Primary Registration District No.: 6106 — Registered No.:

City: (No. ..... St. ..... Ward)

2. FULL NAME John Lewis, Hembree

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Hembree

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 4 - 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	1	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farming

(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): Stone Co Mo

PARENTS

10. NAME OF FATHER: Solomon Hembree

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

12. MAIDEN NAME OF MOTHER: [illegible]

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): [illegible] Co. [illegible] Mo.

14. INFORMANT: B. F. Hembree
(Address): Galena Mo

15. FILED: Aug 2, 1929 Thos. J. McCord, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 2 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to Aug 2, 1929 that I last saw him alive on Aug 1, 1929, and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyonephrosis
(Bigelow)

(duration) 10 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis & Ray Reports

(Signed) [illegible], M. D

, 19 (Address) Galena 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	DATE OF BURIAL
Galena Cemetery	Aug 2 1929
20. UNDERTAKER	**ADDRESS**
Scott Moore	Galena Mo.