APR 30 1930

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

Do not use this space.

9701

1. PLACE OF DEATH
County: Nodaway
Township: Polk
City: Maryville (No. ..., ... St. ... Ward)

Registration District No. 625
Primary Registration District No. 3031

File No.
Registered No. 21

2. FULL NAME John Dempsey
(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

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 Anna D Dempsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	6	20	

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) Canada

PARENTS
10. NAME OF FATHER John Dempsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Margaret Mooney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Jno Dempsey
(Address) Maryville Mo

15. FILED 3-5, 1930 C. P. Fryer M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Mar 2, 1930, that I last saw him alive on May 7, 1930 and that death occurred, on the date stated above, at about 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophied heart
Suppression of urine
950
57A
133C
CONTRIBUTORY (SECONDARY) (Heart) [redacted] (duration) ... yrs. ... mos. ... ds.
Rheumatism (duration) 4 or 5 years yrs. ... mos. ... ds.

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? Clinitary & Symptoms
(Signed) ..., M. D.
, 19 (Address)

*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
Oak Hill Cemetery	3-4 1930

20. UNDERTAKER	ADDRESS
Price Fun Co	Maryville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.