Dr. Clark.

MAY 23 1930

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

Do not use this space.

15668

1. PLACE OF DEATH
County: Cole
Township:
City: Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 8014

File No.
Registered No. 133

2. FULL NAME: Eliz abeth Kempker

(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)
Female	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Ben Kempker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 7, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	10	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Cole County, Mo.

PARENTS
10. NAME OF FATHER: Jacob Kolb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: XXX
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): XXXX

14. INFORMANT: Henry Kempker
(Address): Folk, Mo.

15. FILED 5/12/19 30 S. U. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8-1930 19

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1930, to May 8, 1930 that I last saw h. alive on May 8, 1930 and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 74-01

(duration) 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? Clinical

(Signed) W. A. Clark M. D.
5/9. 19 30 (Address) Jefferson City 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: Catholic Cem., Folk, Mo.
DATE OF BURIAL: 5-11 19 30

20. UNDERTAKER: Chas P. Heinrichs
ADDRESS: J. C. 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.