OCT 28 1930

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

Do not use this space. 29039

1. PLACE OF DEATH

County Audrain — Registration District No. Hr. Harrison 26 — File No.

Township — Primary Registration District No. 3002 — Registered No. ~~123~~ 117

City Mexico Md. (No. ..., ... St. ..... Ward)

2. FULL NAME Miss Frances Lavenia Kemp

(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 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	55	8	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Maker
(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) Calloway Co. Mo.

PARENTS

10. NAME OF FATHER James Kemp
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) ~~Callow~~ Maryland
12. MAIDEN NAME OF MOTHER Molly Huffmaster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Maryland

14. INFORMANT Allie Cowley
(Address) Mexico Mo.

15. FILED Sept 14th 1930 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1930 to Sept 13, 1930 that I last saw her alive on Sept 13, 1930 and that death occurred, on the date stated above, at 3 P m.

93 D THE CAUSE OF DEATH* WAS AS FOLLOWS:

84 Exhaustion from acute Mania

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(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?

(Signed) J. F. Harrison, M. D.
, 19 (Address) Mexico 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
Hickory Grove Church Calloway Co. Mo.	Sept 15 1930
20. UNDERTAKER	ADDRESS
McPherson Bros.	Mexico 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.