NOV 21 1930

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

Do not use this space.

32018

1. PLACE OF DEATH

County: Audrain
Township: Saltriver
City: Mexico Mo.
Registration District No.: Mr. Hanson 26
Primary Registration District No.: 3002
File No.:
Registered No.: 124
(No. ..... St. ..... Ward)

2. FULL NAME John William Kemp

(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	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	10	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor - Shoe Factory
(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) Callaway Co. Mo.

PARENTS

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

14. INFORMANT Mrs. Allie Conley
(Address) Mexico Mo.

15. FILED Oct 10th 1930 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-1-30, 19..., to 10-7-30, 19..., that I last saw him alive on 10-7-30, 19..., and that death occurred, on the date stated above, at about 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bladder
51 B
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Growth in Bladder
5 yrs ago (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-1-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. F. Hanson, 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 Callaway Co. Mo.	Oct. 10 1930
20. UNDERTAKER	ADDRESS
McPheeters Bros.	Mexico Mo.

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.