

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

Do not use this space.

8993

1. PLACE OF DEATH
 County Callaway, Registration District No. 104
 Township Fulton, Primary Registration District No. 3008
 City Fulton, (No. _____) St. _____ Ward _____

2. FULL NAME Thomas A. Kemp,
 (a) Residence, No. 403 Court St., Ward _____
 (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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 60

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Fannie Kemp,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) U

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	70	2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. All his life, 1205 82nd

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo, i

FATHER

13. NAME Geoege Kemp,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO,

MOTHER

15. MAIDEN NAME Margaret Musgrow,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

17. INFORMANT Julia Vaughn,
 (ADDRESS) R. F. D. Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Millers Creek DATE 3/8/31, 19____

19. UNDERTAKER Herndon-Taylor Furn-Co,
 (ADDRESS) Fulton, Mo,

20. FILED Mar 7, 1931 R. M. Crews
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 69, 1931, to March 6, 1931
 I last saw him alive on March 6, 1931. Death is said to have occurred on the date stated above, at 3A.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
82nd
1205 82nd
 Other contributory causes of importance:
Intestinal Intoxication
 Date of onset Sudden

Name of operation None Date of _____
 What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. M. Hall, M. D.
 (Address) Fulton Mo

APR 21 1931

Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Callaway Registration District No. 104 File No.
 Township Primary Registration District No. 3008 Registered No. 60
 City Fulton (No.) St. Ward)

2. FULL NAME Thomas A. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 7, 1931 R. M. Crews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-31

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

19..... Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

5-8993