

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

Do not use this space.

**1. PLACE OF DEATH**

County Shelby  
Township Jackson  
City (No. ....) .....

Registration District No. 828  
Primary Registration District No. 6040

File No. 20216-A  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

Carlmark Dempsey  
(a) Residence, No. .... St. .... Ward .....

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13, 1931

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

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1931 to May 12, 1931 that I last saw him, alive on May 12, 1931, and that death occurred, on the date stated above, at .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 3-1863

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 8 10

Amphlogia

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) .....

CONTRIBUTORY (SECONDARY) 82D (duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Adams (STATE OR COUNTRY) Ill.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH .....

10. NAME OF FATHER Chas. Dempsey

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Irland.

20. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Garth Dempsey

WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) J. H. Furrush, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Irland.

19 (Address) Shelby, Mo

14. INFORMANT (Address) Shelby, 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.

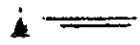
15. FILED ..... 19. .... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL May 15, 1931

20. UNDERTAKER J. B. Brothers ADDRESS Mo.

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

20255-1



MI 18 19

**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 Shelby  
Township Jackson  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 828  
Primary Registration District No. 6870

File No. 14  
Registered No. 14 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

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 Catherine Dempsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 8 10

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

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) Adams Ill

13. NAME Chas Dempsey

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

15. MAIDEN NAME Anah Dempsey

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

INFORMANT (ADDRESS) E. J. Dempsey no

BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE May 15, 1932

UNDERTAKER (ADDRESS) J. B. Mathers no

FILED Jan. 30, 1932 Di. A. P. White Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1929 to May 12, 1931

I last saw him alive on May 12, 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Septiplegia Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was there an autopsy? no

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) J. A. Furnish M. D.

(Address) Shelby, Mo

RECEIVE A FEE FOR CERTIFICATE IF THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-20266-A