

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

Do not use this space.

5881

1. PLACE OF DEATH

80 County PETTIS. Registration District No. 6680
Township Longwood Primary Registration District No. 5898
City _____ (No. _____) St. _____ (Ward _____)

File No. _____
Registered No. 39

2. FULL NAME ROBERT JORDAN 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 90 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>SALLIE KEMP</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR. 22 - 1841</u>		
7. AGE	YEARS <u>90</u>	MONTHS <u>10</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>	
	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) <u>SEPT. 1931</u>	11. Total time (years) spent in this occupation <u>LIFE</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LONGWOOD</u> <u>Mo</u>		
FATHER	13. NAME <u>THOMAS KEMP.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DONT KNOW.</u> <u>31</u>	
MOTHER	15. MAIDEN NAME <u>REBINA NEWBELL.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DONT KNOW.</u>	
17. INFORMANT (ADDRESS) <u>Charley Kemp</u> <u>Hughesville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Longwood</u> DATE <u>FEB. 16 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. E. Matthews</u> <u>Houstonia Mo</u>		
20. FILED <u>2-15 1932</u> <u>J. S. Love</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1 **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 14 1932

2 **22. I HEREBY CERTIFY** that I attended deceased from Feb. 1 - 1932 to Feb. 13 - 1932
I first saw him alive on Feb. 13 - 1932 Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary Heart Disease Date of onset _____
2nd attack, 82A
Other contributory causes of importance: gum

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) J. B. Prussell, M. D.
(Address) Longwood 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.

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