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.

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

Do not use this space.

9634

File No.
Registered No. 10

1. PLACE OF DEATH
84 County Polk
2 Township ~~Marion~~
6 City Bolivar
Registration District No. 701
Primary Registration District No. 4 422
(No. , St. Ward)

2. FULL NAME Bobby Lee Hembree
(a) Residence, No. 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 1930
7. AGE: YEARS 2 | MONTHS | DAYS 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1943
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1933
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) Bolivar Mo

FATHER
13. NAME W. R. Hembree
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo

MOTHER
15. MAIDEN NAME Bessie Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo

17. INFORMANT (ADDRESS) W. R. Hembree Bolivar Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Stepmoved~~ DATE Mar. 6 1932
19. UNDERTAKER (ADDRESS) Hutcheson Blue
20. FILED Mch 6, 1932 J. F. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 5, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1932, to Mar 5, 1932
I last saw him alive on Mar 5, 1932 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Perforated bowell — Date of onset

Other contributory causes of importance: From eating more than 1 pint of sand

Name of operation none (1) Date of
What test confirmed diagnosis? — 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. H. Bridges, M. D.
(Address) Bolivar, Mo