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

Do not use this space.
12329

1. PLACE OF DEATH
41 County Harrison
Township Jefferson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 334
Primary Registration District No. 5467

File No. 663
Registered No. .....

2. FULL NAME William M. 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.

MAY 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	1	28	

OCCUPATION
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. stock and grain
10. Date deceased last worked at this occupation (month and year) 1922
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bethany Missouri 1

FATHER
13. NAME John Kemp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky 2

MOTHER
15. MAIDEN NAME Francis Hutchinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

17. INFORMANT (ADDRESS) R# 1, Ridgeway, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Chapel DATE 4/10 32
19. UNDERTAKER (ADDRESS) Ridgeway, Mo.
20. FILED 5/10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 32

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 14, 19[illegible], to [illegible], 19....
I last saw h[illegible] alive on [illegible], 19[illegible]. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) [illegible]	
878	
510	
8/10	

Other contributory causes of importance: [illegible]

3

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) [illegible], M. D.
(Address) Bethany, Mo.

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.