

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

Do not use this space.

15223

1. PLACE OF DEATH

5 County Barry Registration District No. 30
3 Township _____ Primary Registration District No. 3003
4 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME Hannah D. Kemmerston

(a) Residence, No. 126 Elm 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 54
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
77 10 X

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) St. Paul Arkansas
(STATE OR COUNTRY)

13. NAME Wylie V. Davis

14. BIRTHPLACE (CITY OR TOWN) Huntsville Ark
(STATE OR COUNTRY)

15. MAIDEN NAME Drake

16. BIRTHPLACE (CITY OR TOWN) Drakes Creek Ark
(STATE OR COUNTRY)

17. INFORMANT Roy S. Davis
(ADDRESS) Monett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 200 P Monett DATE May 30 1932

19. UNDERTAKER Callaway
(ADDRESS)

20. FILED 5-30 1932 W. M. West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 - 1932
22. I HEREBY CERTIFY, That I attended deceased from May 7 - 1932 to May 30 - 1932
I last saw her alive on May 29 - 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
108
108
Other contributory causes of importance: _____
Date of onset 5-27-32

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? No
If so, specify _____
(Signed) R. J. Ferguson, M. D.
(Address) Monett, 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.

JUN 21 1932

