

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

Do not use this space.

32954

1. PLACE OF DEATH
 68 County Monroe Registration District No. 571
 1 Township Walker Primary Registration District No. 4335
 2 City California (No. St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Bobbie Lee Kempf
 (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.

File No.
 Registered No. 47

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 28

OCCUPATION
 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) (STATE OR COUNTRY) California Mo 1

MOTHER FATHER
 13. NAME Alfred Kempf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER FATHER
 15. MAIDEN NAME Emma Hurt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticue Co Mo

17. INFORMANT Emma Hurt (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caly Cem DATE 10/7 1932

19. UNDERTAKER Wilhelm & Freidemeyer (ADDRESS) California Mo

20. FILED 10-6 1932 Geo W. Roeh Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 5 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h... alive on 10/5, 19... 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:

Chronic Indigestion (Date of onset)
118 118c 158
 Other contributory causes of importance: Bottle Fed (1)
 Name of operation Moon Date of...
 What test confirmed diagnosis? Wet prep 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) H. R. Popejoy M. D.
 (Address) California 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.

NOV 25 1932

