

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 10 1933

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

Do not use this space.

35057

1. PLACE OF DEATH

County ..... Registration District No. 781  
Township ..... Primary Registration District No. 1003  
City St. Louis (No. 1706 R Biddle)

File No. ....  
Registered No. 9270  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 1706 R Biddle St., 25 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 <u>male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 19 1929</u>		
7. AGE	YEARS	MONTHS
	<u>4</u>	<u>7</u>
		<u>11</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>None</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) ..... 11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Albany Miss</u>	
	13. NAME <u>Jimmie Kemp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
	15. MAIDEN NAME <u>Dorrie Thomas</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
	17. INFORMANT <u>Jimmie Kemp</u> (ADDRESS) <u>1706 R Biddle</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Notus Dickson</u> DATE <u>10-31</u> , 19 <u>33</u>		
19. UNDERTAKER <u>A. F. Buntley, Walter</u> (ADDRESS) <u>2907 S. Grand</u>		
20. FILED <u>11 21 1933</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933, to Oct 25, 1933.  
I last saw him alive on Oct 25th, 1933. Death is said to have occurred on the date stated above, at 4:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset 10/25/33

Other contributory causes of importance:  
107A

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 ..... 1933  
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 Robert M. Scott M. D.  
(Signed) Robert M. Scott  
(Address) 2839 A Dickson, St.

