

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.

FEB 27 1934

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

Do not use this space.

2127

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Bedalia (No. Boothwell Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Geo W Kemp  
(a) Residence, No. 418 D. Mass. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bella Kemp  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11 1856  
7. AGE YEARS 77 MONTHS 9 DAYS 28 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor  
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) Mo  
13. NAME Giles Kemp  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Don't know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
17. INFORMANT Bella Kemp  
(ADDRESS) 418 D Mass Bedalia Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 1/11 1934  
19. UNDERTAKER Gillegis Funeral Home  
(ADDRESS) Bedalia Mo  
20. FILED 1-10-1934 Gene Slack  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1934  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Jan 7 1934  
I last saw him survive on Jan 9 1934 Death is said to have occurred on the date stated above, at 930 A. m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset  
Chronic Myocarditis 4 years ago  
93C  
99B  
156B  
Other contributory causes of importance:  
End Arteries Sclerotic Dec 15, 1933  
Rt Foot and toe  
Name of operation Amputation Rt Leg Date of 1-6-34  
What test confirmed diagnosis? Fundus was open an autopsy?  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury \_\_\_\_\_  
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) Geo B. Carls M. D.  
(Address) 314 Ohio - Bedalia Mo

