

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

Do not use this space.

23875

**1. PLACE OF DEATH**

County Cooper Registration District No. 222 File No. 7  
 Township Pilot Grove Primary Registration District No. 4135 Registered No. \_\_\_\_\_  
 City Pilot Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert Ray Kempf  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 3 mos. 8 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Apr - 2 - 1934</u>		
7. AGE	YEARS <u>—</u>	MONTHS <u>3</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Pilot Grove</u> (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>Leonard Kempf</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Pilot Grove</u> (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Lorena Meyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Pilot Grove</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. Leonard Kempf</u> (ADDRESS) <u>Pilot Grove, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Joseph</u> DATE <u>7/16</u> 19 <u>34</u>		
19. UNDERTAKER <u>Kays &amp; Stocklein</u> (ADDRESS) <u>Pilot Grove, Mo.</u>		
20. FILED <u>July 11, 1934</u> <u>Mrs. E. B. McClutcheon</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 1934 to July 10 1934  
 I last saw him alive on July 10 1934 Death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pertussis  
 Date of onset 6-15-34  
1074  
 Other contributory causes of importance:  
Pneumonia 7/9/34  
following whooping cough  
 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) Chas. Sank M. D.  
 (Address) Pilot Grove, 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.

AUG 16 1934

WRITE CLEARLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

