

SEP 12 1934

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

Do not use this space.

28785

1. PLACE OF BIRTH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

18 yrs.

— mos. —

ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jennie Kemper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 27/1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

63

6

20

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)

July 10-1934

11. Total time (years) spent in this occupation

40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Missouri

13. NAME

Fred Kemper

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

unknown Germany

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown Germany

17. INFORMANT (ADDRESS)

Mrs. Fred Kemper

Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACED IN CEMETERY

19. UNDERTAKER (ADDRESS)

Thos. & Stoecklin

Pilot Grove, Mo.

20. FILED

8/18/34

1934

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MEDICAL CERTIFICATE OF DEATH

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

Aug. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 2, 1934, to Aug. 17, 1934

I last saw him alive on July 31, 1934. 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:

Sept. Chorea Myocarditis 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) J. B. Pisker, M. D.

(Address) Pilot Grove

