

SEP 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township  
City Independence (No. ....)

Registration District No. 398  
Primary Registration District No. 3019

File No. 26325 ✓  
Registered No. 269  
St. .... Ward

2. FULL NAME Nittie Evangeline Kemp

(a) Residence, No. 1513 N. Walnut St., Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. 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 female 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 Robert Kemp  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1890  
7. AGE YEARS 65 MONTHS 6 DAYS 1 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse Keeper  
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) Tabor Iowa

13. NAME Green

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

15. MAIDEN NAME Sarah Gaylord

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

17. INFORMANT Robert Kemp (ADDRESS)

18. BURIAL CREMATION, OR REMOVAL PLACE Woodlawn DATE Aug 25, 1935 2:30 P.M.

19. UNDERTAKER Latta Funeral Home (ADDRESS) 214 N. Spring

20. FILED 8-28-35 F. L. bank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 - 1935, to Aug 22 1935. I last saw her alive on Aug 22, 1935. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Distention Date of onset 8-21-35

Other contributory causes of importance: Cardio-vascular renal disease (several years)

Name of operation none Date of

What test confirmed diagnosis clinical 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) W. Allen, M. D.

(Address) Independence 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.

