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.

OCT 21 1935

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

Do not use this space.

33424

1. PLACE OF DEATH
County Montgomery — Registration District No. 590 — File No.
Township Louisa — Primary Registration District No. 5788a — Registered No.
City ~~McKittrick~~ (No. , St. Ward)

2. FULL NAME Booker Kemp
(a) Residence, No. 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1916
7. AGE YEARS 19 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do
10. Date deceased last worked at this occupation (month and year) Sept 1935
11. Total time (years) spent in this occupation life

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

FATHER
13. NAME Robt Kemp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKittrick Mo

MOTHER
15. MAIDEN NAME Viola Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Hill Mo

17. INFORMANT (ADDRESS) Robt Kemp McKittrick Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Huebank Cemtry DATE 10-10 1935
19. UNDERTAKER (ADDRESS) Barton Baker Americus Mo
20. FILED Oct 10 1935 Blanche Scholten Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935, to Oct 9, 1935
I last saw him alive on Oct 7, 1935. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:
Typhoid fever — Date of onset 9-18-35

Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis? Clinical 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) O. R. Ranschelbach, M. D.
(Address) Rhineland Mo