

DEC 28 1935

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

Do not use this space.

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1. PLACE OF DEATH

County Vernon Registration District No. 877
Township Bacon Primary Registration District No. 6/65
City Schell city (No. _____) St. _____ Ward _____

File No. _____
Registered No. 21

2. FULL NAME

William Francis Kemper
(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes F. Kemper</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12, 1889</u>				
7. AGE	YEARS <u>46</u>	MONTHS <u>3</u>	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day laborer</u>			
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1935
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. 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:
Hit By M K + T Right Train 1 mile north of Schell city, no fractured skull Back Broken
Date of onset _____
Other contributory causes of importance:

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? _____
If so, specify _____
(Signed) L. B. Jarry, coroner
(Address) Merid & 1200

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bates County, Mo</u>
	13. NAME <u>W. T. Kemper</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Harriet Quay Kemp</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bates County, Mo.</u>
17. INFORMANT (ADDRESS) <u>Agnes Frances Kemper, Schell city, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prarie City, Mo</u> DATE <u>Nov. 14</u> , 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Ante Lewis & Son, Schell city, Mo</u>	
20. FILED <u>Nov. 13</u> , 19 <u>35</u> ; <u>Pearl Peters</u> Registrar.	

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.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN IN
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Vernon Registration District No. 877 File No. _____
Township Bacon Primary Registration District No. 6165 Registered No. 21
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

William Francis Kemper
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. or min.
44 3 _____

8. Trade, profession, or particular kind of work done (e.g., spinner, sawyer, bookkeeper, etc.)
9. Industry or business in which work was done (e.g., 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) _____

FILED Nov 13, 1935 Pearl Peters Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. Last saw him/her alive on _____, 19____. 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:
Hit by m.k. + J freight train in north of Shell City. Fractured skull base broken

Other contributory causes of importance:
walking on track he was deaf and people supposed the train

Name of operation _____ Date of _____
What test confirmed diagnosis? Deaf Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accid Date of injury 11/12, 1935

Where did injury occur? Vernon Co., Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury As above

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) L. B. Ferry M. D.
(Address) Nevada

SUPPLEMENTARY

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.

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