

APR 15 1936

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

Do not use this space.

9504

## 1. PLACE OF DEATH

County ButlerRegistration District No. 89

Township

Primary Registration District No. 3007City Poplar Bluff(No. Brandon Hospital)

File No.

Registered No. 82

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Thomas William Hemphill(a) Residence, No. 719 North D

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

30 yrs.

mos.

ds.

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

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

Carrie Hemphill

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

Feb. 19, 1866

7. AGE

YEARS

70

MONTHS

0

DAYS

21

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

March 5, 1936, to March 10, 1936I last saw him alive on March 10, 1936 Death is saidto have occurred on the date stated above, at 7:25 A.M.

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

Date of onset

3/5/3611/15/38

Other contributory causes of importance

Cerebral hemorrhage

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) W. L. Brandon(Address) Poplar Bluff, Mo.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bridge carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Missouri Pacific Rail Road Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

MOTHER

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

Cloverton Kentucky

13. NAME

William Hemphill

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

Ohio

15. MAIDEN NAME

Unknown

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

Unknown17. INFORMANT (ADDRESS) Carrie Hemphill 719 North D. St., Poplar Bluff

18. BURIAL, CREMATION, OR OTHER FINAL

PLACE WoodlawnDATE March 11, 193619. UNDERTAKER (ADDRESS) Greer Funeral Service, Poplar Bluff, Missouri

20. FILED

3-11-36

19

36

Christinger

Registrar.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 12 1957