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.

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Franklin
Township Central
City Morrellton (No. ..., ... St. ... Ward)

Registration District No. 294
Primary Registration District No. 5409B

File No. 11813
Registered No.

2. FULL NAME Mildred Estell 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: 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: Jacob Lewis Kemper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 10, 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
38	5	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Morrellton, Missouri.

FATHER
13. NAME: Oches Wall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Ida Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Jacob Kemper, Morrellton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anaconda DATE Mar. 6, 1937

19. UNDERTAKER (ADDRESS): Casey & Co. St. Clair

20. FILED Mar 6, 1937 W H Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10-, 1936, to March 3, 1937
I last saw her alive on 3/3-, 1937 Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	one yr ago.
Other contributory causes of importance:	
Septic Sore Throat. Confinement	one yr ago.

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? no
If so, specify
(Signed) W. E. Kitchell, M. D.
(Address) St. Clair.

MAY 12 1944