

AUG 18 1937

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

Do not use this space.

26586

1. PLACE OF DEATH

County Barry
Township Jenkins
City (No.) St. Ward

Registration District No. 29
Primary Registration District No. 5048

File No.
Registered No. 93

2. FULL NAME

Paul Hemphill
Paul R. 70

(a) Residence, No. Ward. (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 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 Allie Henson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 28

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

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) mo.

13. NAME James Hemphill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. 1

15. MAIDEN NAME D. K.

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

17. INFORMANT (ADDRESS) Mrs Paul Hemphill
Paul R. 70

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparks Clinic DATE July 1, 1937

19. UNDERTAKER (ADDRESS) Honine Ruben
Cassville, Mo.

20. FILED 7-21 1937 Geor Meunier
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

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:

Crushed right chest. Ruptured liver. Date of onset June 29

Other contributory causes of importance:

Name of operation Date of
210 m

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? Accident Date of injury 6-29, 1937

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

Specify whether injury occurred in industry, in home, or in public place. W.P.A. Labourer

Manner of injury Run over by truck

Nature of injury Crushing injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify working on W.P.A. Project

(Signed) Robert Newberry, M. D.
(Address) Cassville, Mo.

IV. 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.

