REC'D NOV 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Audrain
Township Salt River
City Mexico Mo (No. Audrain Hospital St. Ward)

Registration District No. 26
Primary Registration District No. 3002

File No. 34989
Registered No. 134

2. FULL NAME 510 Infant Kemp (unnamed)
(a) Residence, No. Hospital 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: Male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-38
7. AGE: YEARS 0 MONTHS 0 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo 0

FATHER
13. NAME Riley Kemp 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico-Mo

MOTHER
15. MAIDEN NAME Myrtle Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT (ADDRESS) Riley Kemp Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE New Mt Vernon Mo DATE 10-20 1938
19. UNDERTAKER (ADDRESS) A. L. Reynolds Mexico Mo
20. FILED Oct 16, 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1938, to 10-14, 1938
I last saw h..... 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:

Still born infant

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) H. J. Ector, M. D.
23 (Address) Mexico Mo.

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.

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RECEIVED
District Health Officer No. 10
District File Number 10-38-442
Date Filed 11-10-38