

**MISOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19310

1. PLACE OF DEATH

40 County Henry
2 Township Osage
1 City Brownington (No.)

Registration District No. 348
Primary Registration District No. 4206

File No.
Registered No. 388
St. Ward)

2. FULL NAME

Hugh Alexander Dempsey

(a) Residence. No. Brownington St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 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>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23 - 1847

7. AGE <u>84</u> YEARS	MONTHS <u>2</u>	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brownington
(STATE OR COUNTRY) Henry Co.

10. NAME OF FATHER Geo. W. Dempsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia State
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sally Barnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia State
(STATE OR COUNTRY)

14. INFORMANT Mrs. Chas. Reese
(Address) Brownington Mo

15. June 11, 1932 C. D. Taylor, M.D.
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 6 - 1932

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... and that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Found Dead In Bed
Probably Heart Disease
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

958 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED?

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) [Signature] M. D.
6/6, 1932 (Address) Brownington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Brownington Cem June 8 1932

20. UNDERTAKER

ADDRESS

C. A. Rickett, Brownington Mo

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.

JUN 32 1932

