

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

Do not use this space.

19228

1. PLACE OF DEATH

24 County Clay
5 Township Liberty
City Liberty (No. 1011)

Registration District No. 201
Primary Registration District No. 5082

File No.
Registered No. 54 (Ward)

2. FULL NAME

(a) Residence, No. George Sherman Hemphill 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 1912</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>11</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Domestic Worker</u>
	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)

MOTHER FATHER	13. NAME <u>Henny Hemphill</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Alice Ricketts</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

17. INFORMANT Paul Rogers (ADDRESS) 1005 9th St, Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE near Burdy, Mo DATE Shipped 6/13/33 1933

19. UNDERTAKER Church - Archer (ADDRESS) Liberty, Mo.

20. FILED 10-13 1933 ET Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to June 12, 1933
I last saw him alive on May 11, 1933. Death is said to have occurred on the date stated above, at 11.9 m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset

Other contributory causes of importance: 59 59

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) J. H. Matthews, M. D.
(Address) Liberty, 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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v

MAY 21 1933

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