

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.

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

Do not use this space.

MAY 21 1936¹

10322

1. PLACE OF DEATH

County Henry
Township Tebo
City Calhoun Mo (No.)

Registration District No. 349
Primary Registration District No. 5787

File No.
Registered No. 10 St. Ward)

2. FULL NAME

Roy Lee Kemple

(a) Residence, No. Calhoun 78 St., Ward.

Length of residence in city or town where death occurred

yrs. 18 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30-1914

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

1 5 26

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

12. BIRTHPLACE (CITY OR TOWN) Calhoun Mo. (STATE OR COUNTRY)

13. NAME Gus Harry Kemple

14. BIRTHPLACE (CITY OR TOWN) Calhoun Mo (STATE OR COUNTRY)

15. MAIDEN NAME Ann Beal Smith

16. BIRTHPLACE (CITY OR TOWN) Clinton Mo (STATE OR COUNTRY)

17. INFORMANT Gus Kemple (ADDRESS) Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood DATE 9-28 1936

19. UNDERTAKER Fred Wilkins (ADDRESS) Clinton Mo

20. FILED 4-8 1936 Mrs. A. U. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb-20 1936, to March 26 1936

I last saw him alive on March-26 1936. Death is said

to have occurred on the date stated above, at 8:50 Am.

The principal cause of death and related causes of importance were as follows:

Tuberculosis (Rt)

Malnutrition

Date of onset 3-22-36

Other contributory causes of importance

Name of operation

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) James O. Smith, M. D.

(Address) Clinton Mo

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY