

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County DeWitt
Township Wedge
City (No.)

Registration District No. 348
Primary Registration District No. 5480

File No. 6027
Registered No. 271
St. Ward)

2. FULL NAME

Eliza A. Kempsey

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>James A. Kempsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-10-1847</u>		
7. AGE YEARS <u>95</u>	MONTHS <u>2</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc. <u>Retired Housewife</u>	11. Total time (years) spent in this occupation <u>25</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) <u>25</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Louiseville, Kentucky

13. NAME
John Curd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Louisville, Kentucky

15. MAIDEN NAME
Mary Ashby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

17. INFORMANT (ADDRESS)
Mrs. Katz Reed, Brownington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Maplewood DATE 2-10-37

19. UNDERTAKER (ADDRESS)
Fred E. Wilkinson, Canton, Mo.

20. FILED 2-9-37 C. D. Taylor, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1937

22. I HEREBY CERTIFY that I attended deceased from Feb 2, 1937 to Feb 8, 1937.
I last saw her alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza with Senile Debility

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) C. D. Taylor, M. D.
(Address) 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.

MENT RECORD

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