

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

Do not use this space.

2437

**1. PLACE OF DEATH**

County St. Francois  
Township "  
City Near Farmington (No. ....)

Registration District No. 773  
Primary Registration District No. 6018A

File No. ....  
Registered No. 8 St. .... Ward)

**2. FULL NAME**

Charles Kempe  
(a) Residence. No. Desoto, Mo. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |  |
|---|---|--|
| <b>3. SEX</b><br><u>Male</u>  | <b>4. COLOR OR RACE</b><br><u>White</u> | <b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word)<br><u>Single</u> |
| <b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> |   |  |
| <b>6. DATE OF BIRTH (MONTH, DAY AND YEAR)</b> <u>Dec. 17-1881</u>   |   |  |
| <b>7. AGE</b>   | <b>YEARS</b>                            | <b>MONTHS</b>  |
|   | <u>48</u>                               | <u>1</u>   |
|   |   | <b>DAY</b>   |
|   |   | <u>0</u>   |
| <b>IF LESS than 1 day, ..... hrs. or ..... min.</b>                 |   |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)** Desoto  
(STATE OR COUNTRY) Mo.

**PARENTS**

**10. NAME OF FATHER** Henry Kempe

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Jefferson Co., Mo.  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Louisa Katcher

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Jefferson Co., Mo.  
(STATE OR COUNTRY)

**14. INFORMANT** Hospital Record  
(Address) State Hospital No. 1.

**15. FILED** 1-17, 1930 H. J. Robinson  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** January 17 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Nov. 10, 1929, to January 17, 1930  
that I last saw him alive on January 17, 1930, and that death occurred, on the date stated above, at 6:20 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Gangrene of leg from freezing.

190  
9810 (duration) yrs. mos. 14 ds.

**CONTRIBUTORY (SECONDARY)** 1518  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**2. DID AN OPERATION PRECEDE DEATH?** Yes DATE OF January 7-1930  
**WAS THERE AN AUTOPSY?** No  
**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
(Signed) C. T. Roctor, M. D.

1-17-1930 (Address) Farmington, Mo.

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** City Cemetery **DATE OF BURIAL** 1-19 1930

**20. UNDERTAKER** Richardson Motherhead **ADDRESS** Desoto, 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.

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