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.

NOV 20 1936

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

Do not use this space.

36918

1. PLACE OF DEATH
County Calloway
Township Fulton
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 3008
File No. .....
Registered No. 326

2. FULL NAME Joseph Leslie Kemp
(a) Residence, No. ..... Fulton 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	9	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Mo

FATHER
13. NAME Thomas W Kemp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Annie Galwith.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Millie Kemp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrington DATE Oct-19 1936

19. UNDERTAKER (ADDRESS) Sam O Wallace Fulton

20. FILED Oct 19, 1936 R. N. Creus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/13/33, 19, to 10/16/36, 19
I last saw him alive on 10/16/36, 19 Death is said to have occurred on the date stated above, at 11:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, following ~~xxxxxx~~ arterosclerosis, and hypertention(245)	for 3 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? P.E. Was there an autopsy? No. N

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) Greene D McCall, M. D.
(Address) Fulton MO.

Dr McCall