

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

Do not use this space.

445

**1. PLACE OF DEATH**

County Callaway  
Township Jackson  
City AuxVasse (No. \_\_\_\_\_)

Registration District No. 102  
Primary Registration District No. 4062

File No. \_\_\_\_\_  
Registered No. 236  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ellen Josephene Kemp

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 | 9 | 5 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Fulton (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Carrington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Eliza Randolph

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Geo. W. Kemp (Address) AuxVasse, Mo.

15. FILED 1/29, 1929 H. G. Thomas REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1928, to Jan. 19, 1929, that I last saw her alive on Jan. 13, 1929, and that death occurred, on the date stated above, at 4:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dist. of all the Cervical glands and of the Kidneys

CONTRIBUTORY (SECONDARY) 36 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? General Semptomata

(Signed) J. H. Stone, M. D.

, 19 (Address) AuxVasse 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 AuxVasse Cemetery DATE OF BURIAL Jan. 20, 1929

20. UNDERTAKER Hughes Maupin ADDRESS AuxVasse 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.

21 1929

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