

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

Do not use this space.

14193

JUN 2 1927

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No.

Township

Primary Registration District No. 1001

Registered No. 479

City St. Joseph, Mo., (No. Missouri Methodist Hospital)

St. Ward)

2. FULL NAME Eva Hess

(a) Residence. No. 2405 South 15th Street

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Married

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

Samuel E. Hess

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 31, 1874

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

52

8

3

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) Doniphan County, Kansas
 (STATE OR COUNTRY)

10. NAME OF FATHER

John Beatil

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Ridall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

Samuel E. Hess

(Address)

2405 South 15th Street

15.

FILED

John G. 25
SSC

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1927

17.

HEREBY CERTIFY, That I attended deceased from April 4 1927, to May 4 1927, that I last saw him alive on May 13 1927, and that death occurred, on the date stated above, at 8 A M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
126
107A/000

CONTRIBUTORY (SECONDARY)

Abdominal operation
gall stones
 (duration) yrs. mos. da. 22

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr. 11-1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. C. H. ...

M. D.

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

DATE OF BURIAL

Belmont Cemetery Watkins

5/6 1927

20. UNDERTAKER

ADDRESS

Fleeman Faris

1208 Francis

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.

SEP 27 1950