

JUN 24 1927

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

Do not use this space.

14210

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

1001

File No.

Township

Primary Registration District No.

Registered No. 497

City St. Joseph (No.) St. Ward)

2. FULL NAME Kate D. Hesse

(a) Residence. No. Century Apt St., Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mes.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M

4. COLOR OR RACE W

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1926, to May 8, 1927 that I last saw him alive on May 8, 1927, and that death occurred, on the date stated above, at 9:05 A.M.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Breast

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 9 19

50 47 (duration) 1 yrs. 10 mos. da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife

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

(c) Name of employer

CONTRIBUTORY (SECONDARY) None (duration) ... yrs. ... mos. da.

9. BIRTHPLACE (CITY OR TOWN) Marionburg (STATE OR COUNTRY) Penn

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

10. NAME OF FATHER William Lutz

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 14-1926

WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Microscopic (Signed) Dustan H. Jan, M. D.

12. MAIDEN NAME OF MOTHER Susan Paulette

5/9, 1927 (Address) Kirkpatrick Bldg

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

*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.

14. INFORMANT John Hesse (Address) Century Apt

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial park Cemetery DATE OF BURIAL May 10 1927

15. FILED 1927 REGISTRAR J. G. ...

20. UNDERTAKER HEATON-BEGOLE UND. CO. ADDRESS 714 S 10th St. Joseph 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.

