

N. B.—Every item of information should be carefully supplied. AGE 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.

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

Do not use this space.

30288

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James A. B. Hession  
 (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. 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 9 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Work on farm  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)

10. NAME OF FATHER Emil Hession

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

12. MAIDEN NAME OF MOTHER Rebecca Smith

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

14. INFORMANT Ellen McMahon  
 (Address) Kansas City

15. Sept 4, 1928 Dr. E. C. Keenan  
 FILED \_\_\_\_\_ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928 to Sept 2, 1928  
 that I last saw him alive on Sept 2, 1928, and that death occurred, on the date stated above, at 8-56 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral hemorrhages  
paralytic of  
right side  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 74 W  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) M. J. Stephens, M. D.  
 (Address) Clinton 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 Kansas City, Kansas DATE OF BURIAL Sept. 3 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

1928 9 = ~~8~~ 20

1858 11 0

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