

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St Joseph

Primary Registration District No. 1001

City St Joseph

(No. St Joseph's Hosp)

File No. 18721

Registered No. 751

St. _____

Ward) _____

2. FULL NAME

William A Hess

(a) Residence. No. _____

St. _____

Ward. _____

Osborne Mrs

(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)

Oct 5 1857

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, _____ hrs. or _____ min.

72

8

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cumberland Co

(STATE OR COUNTRY)

Penn

10. NAME OF FATHER

Jacob Hess

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Penn

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Zinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Penn

(STATE OR COUNTRY)

14.

INFORMANT

Mrs W. A. Hess

(Address)

JUN 30 1930

15.

FILED

Osborne Mrs
John G. W.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 27 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 9, 1930 to June 27, 1930 that I last saw him alive on June 27 5:15 p m and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart

666A

137

958

CONTRIBUTORY (SECONDARY)

hypertrophy of heart and renal glaucoma

(duration) _____ yrs. _____ mos. _____ ds.

(duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Canaan Mo.

DID AN OPERATION PRECEDE DEATH? _____

DATE OF June 10-1930

WAS THERE AN AUTOPSY? no

DATE OF June 27-1930

WHAT TEST CONFIRMED DIAGNOSIS

Microscopic

(Signed) _____

_____, M. D.

(Address) 431 Iron

*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

Osborne Mrs

DATE OF BURIAL

6/29 1930

20. UNDERTAKER

Heeman Funeral Home

ADDRESS

1946 Bolham

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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