

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City Paplar Bluff Mo

Registration District No. 89
Primary Registration District No. 3007

File No. 30644
Registered No. 190
St. _____ Ward _____

2. FULL NAME

Infant son of Sylvester Hesson
(a) Residence, No. 228 Hazel St Paplar Bluff Mo
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplar Bluff Mo

13. NAME Sylvester Hesson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo

15. MAIDEN NAME Rose Hesson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co Mo

17. INFORMANT Sylvester Hesson
(ADDRESS) 228 Hazel St Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairdealng Cem. DATE Sept 3 1931

19. UNDERTAKER A. J. P. Green
(ADDRESS) Paplar Bluff Mo

20. FILED Sept 3 1931 P. J. Blum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1931, to Sept 3 1931
I last saw him alive on Sept 3 1931. Death is said to have occurred on the date stated above, at 4: a.m.

The principal cause of death and related causes of importance were as follows:

Premature birth Date of onset _____

Other contributory causes of importance: 159159

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Wm. H. Henschman, M. D.

(Address) Paplar Bluff Mo

OCT 22 1931

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.

