

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

Do not use this space.

36799

1. PLACE OF DEATH

County Barry
Township Mad Creek
City Cassville (No. _____)

Registration District No. 29
Primary Registration District No. 5038

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME Bert Hesser

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

Length of residence in city or town where death occurred 46 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 5, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 22

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) Cassville Barry Co. Mo

13. NAME Arch Hesser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Chernathy

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

17. INFORMANT (ADDRESS) J. H. Hudson

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Nov. 6, 1931

19. UNDERTAKER (ADDRESS) W. T. Coon
Cassville Mo

20. FILED Dec 1, 1931 Mrs. H. R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:22 p. m.

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

His death was sudden. We were called. He had been dead but few minutes. After examination it is our opinion he died from Heart failure.

Other contributory causes of importance: None
2000
2000

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

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? No
If so, specify _____

(Signed) S. W. Chandler M. D.
(Address) Cassville Mo

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.

DEC 21 1931

