

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

Do not use this space.

37979

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Marion Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Leona Hess
 (a) Residence, No. 519 1/2 Third 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Olevis G. Hess</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19, 1853</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>5</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)
Holt County Missouri

13. NAME
George H. Crow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wilmington England

15. MAIDEN NAME
Elizabeth Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wilmington England

17. INFORMANT (ADDRESS)
Olevis G. Hess, 519 1/2 Third - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Park Cemetery DATE Nov. 12, 1931

19. UNDERTAKER (ADDRESS)
Snell Mortuary, Carthage, Missouri

20. FILED
Nov. 12, 1931 O. H. Tetcham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1931, to Nov 10, 1931
 I last saw her alive on Nov 10, 1931. Death is said to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia
arterio sclerosis
1864
1904
1096
 Other contributory causes of importance:
Fracture of Left Femur

Name of operation: _____ Date of _____
 What test confirmed diagnosis? X-Ray 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 3/20, 1931
 Where did injury occur? Home 3/26/31 Fracture Hip
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
Fall to fracture neck femur
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. B. Clinton, M. D.
 (Address) Carthage 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 22 1931
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