

Dr. Aldridge

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

Do not use this space.

25747

205

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 30-1
 City Jefferson (No. _____, _____ St. _____ Ward)

2. FULL NAME Mrs. Caroline E. Hess

(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 <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>L. Phillip Hess</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September-29-1874</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>10</u>	DAYS <u>26</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. " <u>235</u>			
	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) <u>California, Missouri</u>				
FATHER	13. NAME <u>Chas Hoepfinger</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Not Known</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>J. P. Hess</u> (ADDRESS) <u>Jefferson City, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>River View Cem</u> DATE <u>Aug-28-</u> 19 <u>32</u>				
19. UNDERTAKER <u>Joseph & Gordon</u> (ADDRESS) <u>Jefferson City, Mo.</u>				
20. FILED <u>SEP 22 1932</u> 19 <u>32</u> <u>Dr. B. D. Ford</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1932 to Aug 25 1932
 I last saw him alive on Aug 25 1932 Death is said to have occurred on the date stated above at _____ m.
 The principal cause of death and related causes of importance were as follows:

930 Myocarditis

Other contributory causes of importance: 1

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? No
 If so, specify _____
 (Signed) m. R. Reddy, M. D.
 (Address) Flower

Date of onset Aug 25/32

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.

SEP 22 1932

