

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

Do not use this space.

**1. PLACE OF DEATH**

65 County Merced  
Township Washington  
City (No. \_\_\_\_\_)

Registration District No. 554  
Primary Registration District No. 5747

File No. 40673  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

Length of residence in city or town where death occurred 57 yrs. mos. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Hessler Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 2 13

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) Rose Hill, Ga.  
(STATE OR COUNTRY)

FATHER 13. NAME Johnson Hartman

14. BIRTHPLACE (CITY OR TOWN) Rose Hill, Ga.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Spates

16. BIRTHPLACE (CITY OR TOWN) Rose Hill, Ga.  
(STATE OR COUNTRY)

17. INFORMANT Frank Hessler Sr.  
(ADDRESS) Richland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Griffiths Co. Mo. DATE 12/17, 1932

19. UNDERTAKER Chas. E. Reynolds  
(ADDRESS) Richland, Mo.

20. FILED 12/30, 1932 J. O. Under  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932 to Dec 16, 1932

I last saw her alive on Dec. 15, 1932 Death is said

to have occurred on the date stated above, at 12:15 AM

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

Valvular heart disease  
Chronic with mitral  
regurgitation  
with fatty myocarditis  
10 yrs

Date of onset

Dec. 12

Other contributory causes of importance:

Edema of lungs  
acute suppurative

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) A. B. Bruston, M. D.

(Address) Princeton, 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.

65  
27  
1932

