

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

Do not use this space.

28517

1. PLACE OF DEATH

County Scott
Township Sylvania
City — (No. —)

Registration District No. 820
Primary Registration District No. 6069

File No. —
Registered No. — St. — Ward —

2. FULL NAME

Albert Leroy 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>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>—</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 6 1931</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>1</u>	<u>9</u>	<u>27</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>—</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u> (c) Name of employer <u>—</u>					
9. BIRTHPLACE (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)					
PARENTS	10. NAME OF FATHER <u>Earl Hess</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ind</u> (STATE OR COUNTRY)				
	12. MAIDEN NAME OF MOTHER <u>Blench Dean</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)				
14. INFORMANT <u>Earl Hess</u> (Address) <u>Oran Mo</u>					
15. FILED <u>—</u> , 19 <u>—</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/2 1933

17. I HEREBY CERTIFY, That I attended deceased from 8/1, 1933, to 8/2, 1933 that I last saw him alive on 8/2, 1933, and that death occurred, on the date stated above, at 5 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria 10

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) 10
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Clune, M. D.
, 19 — (Address) Oran Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Oran Mo</u>	DATE OF BURIAL <u>8/3 1933</u>
20. UNDERTAKER <u>P. O. Heisser Co.</u>	ADDRESS <u>Oran Mo</u>

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.

AUG 6 1933

