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

Do not use this space.

29875

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. — Registered No. 3801
City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Joseph B. Hess

(a) Residence, No. 2519 Linwood Blvd. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
47	4	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturers
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Representative
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Maryland

FATHER
13. NAME Gene Hess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT E. B. Lundgren
(ADDRESS) 4516 Sunnyside St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Sept 27, 1933

19. UNDERTAKER Stine + McClure
(ADDRESS) 3535 Williams Place

20. FILED 9/26, 1933 M. M. Crosse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933, to Sept 24, 1933
I last saw him alive on Sept 23, 1933. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute coronary thrombosis of the arteries to the heart.	
Other contributory causes of importance: Diabetes Mellitus	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) H. Crupe, M. D.
(Address) 710 Professional Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr H. C. [illegible]
Professional Bldg
[illegible]