

MAR 24 1934

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

Do not use this space.

5172

## 1. PLACE OF DEATH

County JACKSONRegistration District No. 300Township PAW

Primary Registration District No.

City KANSAS CITY(No. 3500 - EAST - 12<sup>TH</sup>)

File No.

Registered No. 898

St.

Ward

## 2. FULL NAME

DR. NOAH A G TESSON(a) Residence, No. 3500 - EAST - 12<sup>TH</sup> St.,

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

MALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF

(or name of

MRS. MAUD I. TESSON

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

JULY 7 - 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

70716

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.PHYSICIAN +9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.SURGEON10. Date deceased last worked at  
this occupation (month and  
year) AUGUST 193211. Total time (years)  
spent in this  
occupation.

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MISSOURI

FATHER

13. NAME

NOAH TESSON

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

ST. LOUIS  
MISSOURI

MOTHER

15. MAIDEN NAME

NOYINA HOEGLER

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

VIRGINIA

17. INFORMANT

(ADDRESS)

MRS. MAUD I. TESSON  
3500 - EAST - 12<sup>TH</sup> ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. WASHINGTON DATE FEBRUARY 24 34

19. UNDERTAKER

(ADDRESS)

D. W. NEWCOMER'S SONS  
2111 - EAST - 9<sup>TH</sup> ST.

20. FILED

2-23 34 M. M. Crowe  
Regist. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 10 1933 to Feb 23 1934I last saw him alive on Feb 22 1934 Death is saidto have occurred on the date stated above, at 7:15 A. M.

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

Date of onset

Chronic Myocarditis  
930  
930  
930  
11/32

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Chlorine 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? Yes

If so, specify

(Signed) J. E. Evans

M. D.

(Address) 804 - 1/2

804. Argyle Bldg.

1-4:30

FEB 15 1957