NOV 13 1934

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

Do not use this space.

36174

File No. .....

Registered No. 1577

1. PLACE OF DEATH

County JACKSON Registration District No. .....

Township ~~KAW~~ Primary Registration District No. 399

City KANSAS CITY (No. 5315; OLIVE 1002 St. ..... Ward)

2. FULL NAME WILLIAM E HESS

(a) Residence, No. 5315 OLIVE 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: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. MARY A. HESS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 25 1864

7. AGE: YEARS 69 70 | MONTHS ~~98~~ | DAYS 2627 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CONTRACTOR

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) ALLENTOWN (STATE OR COUNTRY) PENNSYLVANIA

FATHER

13. NAME UNKNOWN HESS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. R. A. KELLEY (ADDRESS) 5408 ROCKHILL ROAD

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE OCT. 24, 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 211 EAST 9TH ST.

20. FILED Oct. 22, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1934 to 10/21, 1934

I last saw ~~him~~ alive on 10/21, 1934. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Angina Pectoris — Date of onset 10/21/34

9yr

97

Other contributory causes of importance:

Arteriosclerosis

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? .....

If so, specify .....

(Signed) D. T. Russell, M. D.

(Address) 3231 E. 11 ST.

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.

WHITE PAPER, WITH CARBONS, MUST BE USED.

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~~901 Sharp Bldg~~ 3011-9. Judge Ave.
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