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.

FEB 25 1935

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

Do not use this space.

1704

1. PLACE OF DEATH 1935
County Jasper
Township
City Carthage (No. , St. Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.

2. FULL NAME Oliver G. Hess
(a) Residence, No. Fulton + Third Sts., 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 Izora Hess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1843

7. AGE YEARS 91 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
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) (STATE OR COUNTRY) Iona County Michigan

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Judge Howard Gray Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE Jan. 12 1935

19. UNDERTAKER (ADDRESS) Knell Mortuary Carthage, Mo.

20. FILED Jan 12, 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1935, to Jan 10, 1935
I last saw him alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Bronchio Pneumonia	1/3/35

1072

Other contributory causes of importance:
Senility – arterio sclerosis

Name of operation none Date of
What test confirmed diagnosis? none 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) Lloyd B Clinton, M. D.
(Address) Carthage, Mo