

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.

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

Do not use this space.

MAY 29 1935

13310

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Festus Primary Registration District No. 4249
City Festus (No.) St. Ward)

File No.

Registered No. 34

2. FULL NAME

Walter J. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19 1935

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

22. I HEREBY CERTIFY, That I attended deceased from March 10 1935 to April 18 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31-1910

I last saw him alive on April 19 1935. Death is said to have occurred on the date stated above, at 2:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 0 19

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

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

Septicemia
Acute Endocarditis
Septicemic Toxicity
2 mo ago
Date of onset April 11st

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redash, W. Va.

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

13. NAME Chas. H. Hess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Ella Rowlands

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Bertha Hess (ADDRESS) Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus DATE 4/21 1935

19. UNDERTAKER W. J. Rupp, Co. (ADDRESS) Festus, Mo.

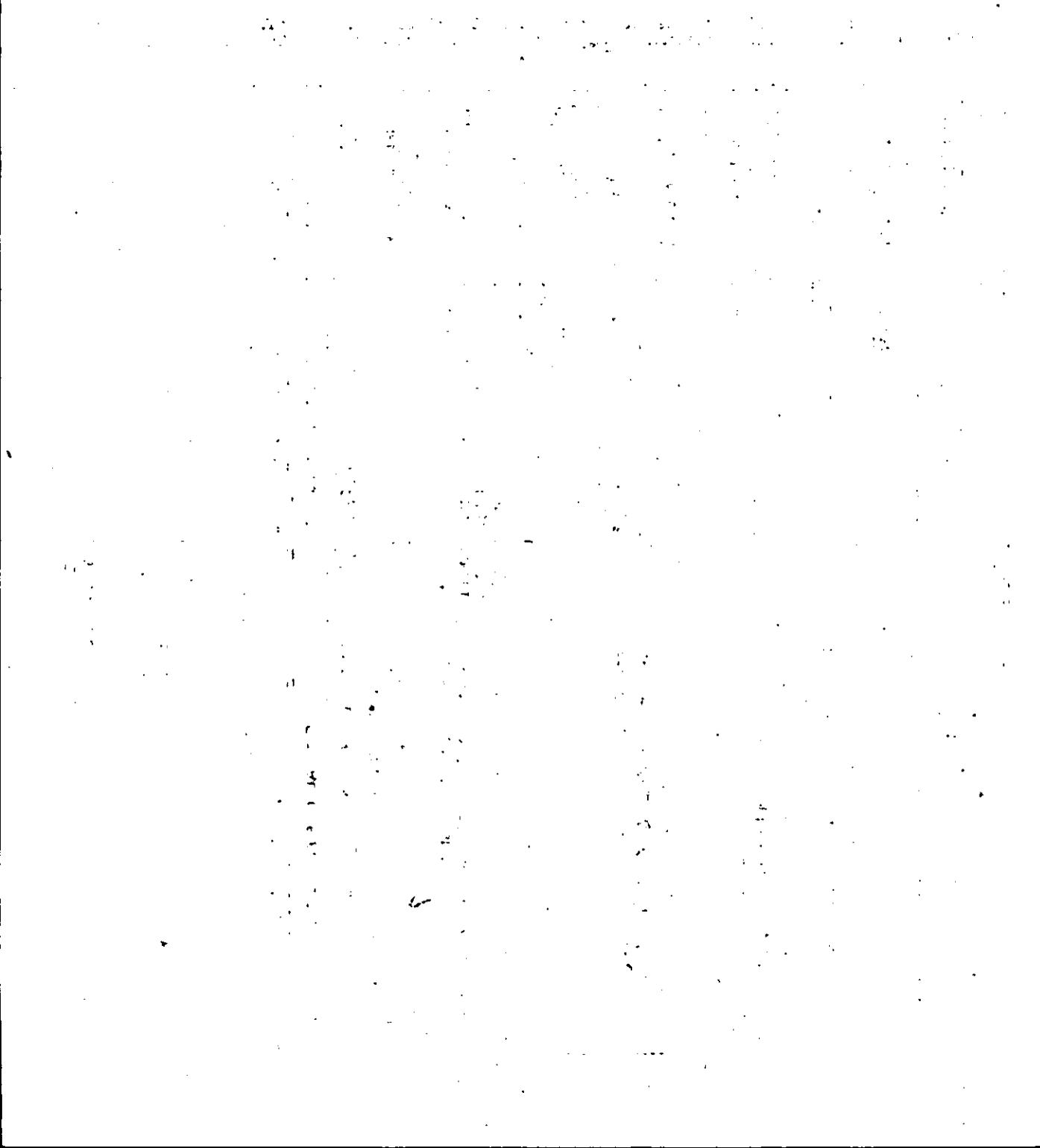
20. FILED 5/10 1935 J. E. Rutledge Registrar.

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) A. P. Smith M. D.

(Address) Festus Mo.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Jefferson
Township.....
City Festus (No. St. Ward)

Registration District No. 421
Primary Registration District No. 4249

File No. 13310
Registered No.

2. FULL NAME

Walter J. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Total time (years) spent in this occupation.....

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7/21 1935 J. E. Rutledge, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him/her alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Septicemia
Due to Safflower
Tannin Pills

Date of onset

Other contributory causes of importance:

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) A. P. Smith, M. D.

(Address) Festus, Mo.

SUPPLEMENTARY

Handwritten initials/signature

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.

S-13310

