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.

OCT 2 2 1935

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

Do not use this space.

29434

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Raw — Primary Registration District No. — Registered No.
City K. C. Mo. (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Willis E. Ness
(a) Residence, No. Carrollton, Mo. St., (8) 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 (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nanny Ness 1877

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 1872

7. AGE — YEARS 63 — MONTHS ✓ — DAYS ✓ — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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) Carroll County Missouri

FATHER
13. NAME Charles M. Ness
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

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

17. INFORMANT Mrs. Cox
(ADDRESS) 1424 E. 66 St.

18. BURIAL, CREMATION, OR REMOVAL
Carrollton Mo. DATE Sept. 4 35

19. UNDERTAKER Joe F. Henderson
(ADDRESS) 4139 E. 15 - K.C. Mo.

20. FILED 9/2 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/27 1931, to Sept 2 1935
I last saw h. alive on Sept 2 4:30 pm 1935. Death is said to have occurred on the date stated above, at 4:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
myocarditis	
13	

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) John O Stenner, M. D.
(Address) Bryant Bldg. Kansas City Missouri

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