

JAN 23 1936

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

Do not use this space.

39635

1. PLACE OF DEATH

County Jackson
Township K-30
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 5537 Chestnut)

File No. _____
Registered No. 4777
St. _____ Ward _____

2. FULL NAME Emmett Clarence Tesson

(a) Residence, No. 5537 Chestnut St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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) Married

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

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

7. AGE YEARS 63 MONTHS 10 DAYS 8 days If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Warrensburg Mo.

13. NAME Noah Tesson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Ank Hackler

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

17. INFORMANT Clarence E. Tesson (ADDRESS) 5537 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Dec. 16 1935

19. UNDERTAKER P. W. Newcomer's Sons (ADDRESS) 211 East 9th

20. FILED Dec 16 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 1935, to Dec - 14 1935

I last saw him alive on Dec - 12 1935 Death is said to have occurred on the date stated above, at 5:35 p.m.

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

Chronic Myocarditis Date of onset 20 yrs ago

Other contributory causes of importance:

Pulmonary Edema

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify _____

(Signed) Ray C. Stevens, M. D.
(Address) 6247 Brooks rd Plant

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

JAN 23 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County JACKSON
Township BEVE
City KANSAS CITY (No. _____)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 4777
St. _____ Ward _____

2. FULL NAME

EMMETT. C. TASSON

(a) Residence, No. 5535 CHESTNUT ST Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (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) _____

11. 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 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 16 1935 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC-14 1935

22. I HEREBY CERTIFY, That I attended deceased from NOV-15 1935, to DEC 14 1935

I last saw him alive on DEC 14 1935 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:

Coronary Atherosclerosis
MYOCARDITIS
Date of onset 18 mo prior to death

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis CLINICAL 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) Ray H. Adams, M. D.
(Address) 624 7th St - Blvd
Kans

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Trinity Lutheran Hospital

30TH AND WYANDOTTE STREETS

Kansas City, Missouri

December 21, 1935

I, Roy U. Adams M.D., do hereby certify that the correction made on the death certificate of Emmitt C. Tesson is true and correct.

Roy U. Adams M.D.

State of Missouri
County of Jackson

Subscribed and sworn to before me a Notary Public in and for the above stated county and state. this 21st day of December, 1935

Rae E. Johnson
Notary Public

My commission expires Oct. 2, 1937