

MAY 29 1936

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

Do not use this space.

18395

1. PLACE OF DEATH

County

Township

City

Worth
W Fletcher
Grand City Mo

Registration District No.

Primary Registration District No.

913
6212

File No.

Registered No.

St.

Ward

2. FULL NAME

Maud E 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 18 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 Female
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 Frank Hess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 18

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.
Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth, Missouri

13. NAME (FATHER) Sam Hunter

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

15. MAIDEN NAME (MOTHER) Elizabeth Alexander

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

17. INFORMANT (ADDRESS) Frank Hess

18. BURIAL, CREMATION, OR REMOVAL PLACE Fletcher DATE 4/29 36

19. UNDERTAKER (ADDRESS) Andrew Smith Grand City Mo

20. FILED 5-8 1936 Fred Mull, Mo Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28 1936 to April 28 1936. I last saw him alive on April 28 1936. Death is said to have occurred on the date stated above, at 1 a.m. The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Heart block
Date of onset 4/29/36

Other contributory causes of importance: Coronary arteriosclerosis, nephritis

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 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 none

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Fred Mull, M. D. (Address) Grand City Mo

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.

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