

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

Do not use this space.

**JUN 17 1936**

18680

PLACE OF DEATH  
County Buchanan Registration District No. 86  
Township Washington Primary Registration District No. 5127  
City St. Joseph, Mo. (No. R.F.D. # 7, St. Joseph, Mo.) File No. \_\_\_\_\_  
Registered No. 38 Ward \_\_\_\_\_

2. FULL NAME William Robert Essman  
(a) Residence, No. R.F.D. #7, St. Joseph, Mo. Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 61 yrs. 8 mos. 9 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**

**MEDICAL CERTIFICATE OF DEATH**

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 Anna Essman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1874.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 8 9

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1936  
22. I HEREBY CERTIFY, that I attended deceased from Dec 5, 1935 to May 13, 1936  
I last saw him alive on Feb 20, 1936. Death is said to have occurred on the date stated above, at 12:25 A.M.  
The principal cause of death and related causes of importance were as follows:

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

Coronary occlusion Infarction  
Arterio sclerosis Infarction  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical (Was there an autopsy?) no

FATHER  
13. NAME Thomas Essman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown  
MOTHER  
15. MAIDEN NAME Mary Burns  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

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 \_\_\_\_\_

17. INFORMANT Mrs. Anna Essman  
(ADDRESS) R.F.D. #7, St. Joseph, Mo.  
18. BURIAL, CREMATION, OR REMOVAL King Hill Cemetery  
PLACE St. Joseph, Mo. DATE May 14, 1936  
19. UNDERTAKER H. O. Sidenfaden  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.  
20. FILED May 14, 1936 W. T. Tadlock Registrar

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) John L. Byrne, M. D.  
(Address) Dr. Frank M. [unclear]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death should be stated EXACTLY. PHYSICIANS should state cause of death as carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

