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

AUG 28 1936

Do not use this space.

27691

File No.

Registered No. 153

1. PLACE OF DEATH

County Randolph Co. Registration District No. 735

Township Sugar Creek Primary Registration District No. 3-03-4

City ~~Sugar Creek,~~ (No. , 5470 St. Ward)

2. FULL NAME Margaret Jane Hess,

(a) Residence, No. R?F.D. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F.	W.	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5th, 1935

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	9m	8	

OCCUPATION

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) Moberly, Mo

FATHER

13. NAME Delmar Hess

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

MOTHER

15. MAIDEN NAME Lena Kirkendoll

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

17. INFORMANT (ADDRESS) Delmar Hess, Moberly, Mo. RFD.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hager Cem., DATE 7/14/36, 19

19. UNDERTAKER (ADDRESS) Leonard Funeral Home Moberly Mo.

20. FILED 7/14 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936 to July 13 — 36

I last saw her alive on July 12, 1936. Death is said to have occurred on the date stated above, at 5 30 p.m.

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

acute Gastro-Enteritis — Date of onset June 20/36

11 9W

Other contributory causes of importance:

Name of operation non clinical 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? Date of injury, 19

Where did injury occur? no (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 no

(Signed) L. E. Huber, M. D.

(Address) Moberly, Mo