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

OCT 20 1936

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Registration District No. 85
File No. 33697
Township
Primary Registration District No. 1001
Registered No. 1166
City St. Joseph, (No. N.E. Cor. 10th. & Sylvanie St. Ward)

2. FULL NAME Nellie E. Hess,
(a) Residence, No. 1822 Francis St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Fred W. Hess,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1882

7. AGE: YEARS 54 | MONTHS 4 | DAYS 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) September 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Three Rivers, Michigan,

FATHER
13. NAME Wilson S. Bunn,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefontaine, Ohio,

MOTHER
15. MAIDEN NAME Katherine Pitcher,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefontaine, Ohio,

17. INFORMANT (ADDRESS) Fred W. Hess 1822 Francis Street, (14th.)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Niles, Michigan DATE September, 1936

19. UNDERTAKER (ADDRESS) Heaton-BeGoe & Bowman 319 So. 10th. St. Funeral Home

20. FILED 9-12, 1936 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10th, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased ~~from~~ on Sept. 10, 1936, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: no facts

Name of operation ..... Date of .....
What test confirmed diagnosis? Alien Hist 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) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon