WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 16 1936

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

Do not use this space.

37589

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kansas — Primary Registration District No. 1002 — Registered No. 4438
City Kansas City (No. 1003 Benton Blvd St. Ward)

2. FULL NAME Absalom W. Hess
(a) Residence, No. 1003 Benton Blvd St., Ward.
(Usual place of abode) (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 Susa Bee Hess
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 12-1878
7. AGE YEARS 58 MONTHS 8 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Oct 2-1935
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearl Illinois

FATHER
13. NAME Andrew M. Hess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearl Illinois

MOTHER
15. MAIDEN NAME Nancy Boren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milton Illinois

17. INFORMANT (ADDRESS) Susa Bee Hess 1003 Benton KCMO
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE 10/5 1936
19. UNDERTAKER (ADDRESS) Suddarth-Buchanan 6900 Troost KCMO
20. FILED Oct 4 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/3/36 19
22. I HEREBY CERTIFY That I attended deceased from Aspiry Crowe, 19 to , 19
I last saw h alive on 11 45 A 19 Death is said to have occurred on the date stated above, at 11 45 A m.
The principal cause of death and related causes of importance were as follows:
Chronic sclerosis
Chronic fibrous myocarditis
Date of onset
Other contributory causes of importance:
No 93C
Name of operation Date of
What test confirmed diagnosis Autopsy Was there an autopsy? yes
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) , M. D.
(Address)