

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway 14
Township Union 11
City Pickering 1 (No. St. Ward)

Registration District No. 627
Primary Registration District No. 4377

File No. 12840
Registered No.

2. FULL NAME Christian B. 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 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (using the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Apr 11 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada13. NAME George Hess14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME ----- Bleam16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mary Hess (ADDRESS) Pickering, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Workman Chapel DATE Mar. 9, 193719. UNDERTAKER Price Funeral Home (ADDRESS) Maryville, Mo.20. FILED Mar 9 1937 Marshall O. Killion Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 193722. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Mar 6 1937I last saw him alive on Feb 5 1937. Death is saidto have occurred on the date stated above, at 6 P. m.

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

Cancer of Rectum
(Carcinoma)

Date of onset

2 yrsOther contributory causes of importance: NoName of operation None Date ofWhat test confirmed diagnosis? Clinical 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) Eugene L. Dawson, M. D.(Address) Pickering Mo.

