

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Superior
City Moberly (No. _____)

Registration District No. 735
Primary Registration District No. 303A

File No. 17375
Registered No. 111 St. _____ Ward)

2. FULL NAME Robert Delmas Hess

(a) Residence, No. R.F. 4 - Moberly, Mo. 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 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 Lena Kirkendall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
29 - 7 10

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. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Moberly (STATE OR COUNTRY) Randolph

13. NAME Thomas Hess

14. BIRTHPLACE (CITY OR TOWN) Osney Lee (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Marjorie Wright

16. BIRTHPLACE (CITY OR TOWN) Beartown, Ark (STATE OR COUNTRY)

17. INFORMANT Thomas Hess (ADDRESS) Moberly Mo R.F. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Haggan DATE 4-21-37

19. UNDERTAKER Bernice Eucary (ADDRESS) Moberly Mo

20. FILED April 20, 1937 Edith Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937 to April 20, 1937
I last saw him alive on April 18, 1937 Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs
Tuberculosis of Intestines of Throat
Date of onset: Sept 1926
About

Other contributory causes of importance:
Tuberculosis of Intestines of Throat

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes
If so, specify _____
(Signed) Dr. R. H. Johnston
(Address) Huntsville, Mo.

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.

