

JUL 10 1937

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

Do not use this space.

22869

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 4032 Forest) St. 1 Ward 275

2. FULL NAME Emil A. Hess

(a) Residence, No. 4032 Forest St. 1 Ward 275
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 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 Mary Hess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Armour & Co.
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) Germany

13. NAME August Hess

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Mary Hess
(ADDRESS) 4032 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE June 22, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED 6/22 1937 M. Maxow
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1936 to June 21, 1937

I last saw him alive on June 19, 1937. Death is said to have occurred on the date stated above, at 2:45 A.M.

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

Senescent thrombosis
hypertension
arteriosclerosis
myocardial degeneration

Date of onset 1 year
years

Other contributory causes of importance: 93c

Name of operation no Date of no
What 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) Harry P. Jones, M. D.
(Address) Kansas City, 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.

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Bryant Bldg.