REC'D MAR 14 1938

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

Do not use this space.

File No. 5631

Registered No. 697

1. PLACE OF DEATH
County: Jackson
Township: Ran
City: Kansas City (No. Menorah Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Eugene Hess
(a) Residence, No. 200 Baltimore Hotel 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

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8. 1878

7. AGE: Years 59 Months 6 Days 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
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): St Joseph Missouri

FATHER
13. NAME: Samuel Hess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Fanny Levit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Harry Hess Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Joseph Mo DATE: Feb 13 1938

19. UNDERTAKER (ADDRESS): Carroll-Davidson 8024 Troost

20. FILED: 2/11 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1938 to Feb 11th 1938
I last saw him alive on February 10 1938 Death is said to have occurred on the date stated above, at 7:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines involving transverse colon and ascending colon	

Other contributory causes of importance:
Secondary Anemia
Toxemia

Name of operation: Colostomy - Resection Exploratory Date of: 2-4-38
What test confirmed diagnosis? Laboratory 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? no
If so, specify
(Signed) Joseph Hatelson, M. D.
(Address) 1219 Rialto Bldg.

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.