

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Callaway ³
Fulton (No. *1*)
 City (No. *200*)

Registration District No.

Primary Registration District No.

*104**3008*

File No.

Registered No.

*6273**59*

St.

Ward)

2. FULL NAME

(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

0 yrs. 0 mos. 17 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

Mrs. Herman Hess

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

Sept. 7, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*84**5**17*

OCCUPATION

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

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

D.K.

10. Date deceased last worked at this occupation (month and year)

D.K.

11. Total time (years) spent in this occupation

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

Benton Co. Mo.

FATHER

13. NAME

D.K.

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

Benton Co. Mo.

MOTHER

15. MAIDEN NAME

Mary Balsmeyer

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

Germany

17. INFORMANT (ADDRESS)

Hosp. Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

*Higginsville, Mo.*DATE *2-23*, 19*38*

19. UNDERTAKER (ADDRESS)

A. H. Wader Higginsville, Mo.

20. FILED

*2-21-1938**R. N. Crew*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 20, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from

Feb 8, 19*38*, to *Feb 20*, 19*38*

I last saw him alive on

Feb 20, 19*38*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:

*Broncho pneumonia**93C.*

Date of onset

2/19/38

Other contributory causes of importance:

*Senility
Chronic Myocarditis*

Name of operation

Date of

What test confirmed diagnosis?

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?

If so, specify

(Signed)

Jas. R. Mulkey

M. D.

(Address)

Fulton, 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.

