CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County: Audrain

Township: Saling or Village: or City: (NO. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

Registration District No. 28 File No. 27309

Primary Registration District No. 5036 Registered No. 16

FULL NAME Henry Newton Ess

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Male / COLOR OR RACE: White / SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): married	DATE OF DEATH: Aug (Month) 20 (Day), 1911 (Year)
DATE OF BIRTH: Nov (Month) 19 (Day), 1863 (Year)	I HEREBY CERTIFY, that I attended deceased from Jan 8, 1911, to Aug 20, 1911, that I last saw h— alive on Aug 20, 1911, and that death occurred, on the date stated above, at 12.05 P.M.
AGE: 47 yrs. 9 mos. 1 ds. If LESS than 1 day, ___hrs. or ___min.?	The CAUSE OF DEATH* was as follows: Brights Disease 131
OCCUPATION (a) Trade, profession, or particular kind of work: Farmer 10	
(b) General nature of industry, business, or establishment in which employed (or employer): Farming	120 (Duration) 6 yrs. mos. ds.
BIRTHPLACE (City or town, State or foreign country): Audrain Co. Mo	Contributory (SECONDARY) (Duration) yrs. mos. ds.
PARENTS — NAME OF FATHER: John Ess	(Signed) J. C. Fisher M.D.
BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany	Aug 21, 1911 (Address) Centralia Mo
MAIDEN NAME OF MOTHER: Marguerite Berkeyk	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany	LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___yrs. ___mos. ___ds. In the State ___yrs. ___mos. ___ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
(Informant) J. H. Ess	Former or usual residence
(ADDRESS) Clark R.F.D.	PLACE OF BURIAL OR REMOVAL: Centralia Cemetery / DATE OF BURIAL: Aug 22nd 1911
Filed Aug 22, 1911, E. L. Scott, REGISTRAR	UNDERTAKER: J. W. S. Bush / ADDRESS: Centralia Mo

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

PLACE OF DEATH

County

Township
or
Village
or
City (NO. St.; Ward)

Registration District No.
Primary Registration District No.

File No.
Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(*Write* the word)

DATE OF BIRTH

, 1
(Month) (Day) (Year)

AGE

yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed , 191 ,

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

, 191
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from , 191 , to , 191 ,

that I last saw h alive on , 191 ,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

, 191

UNDERTAKER

ADDRESS

N. B. Every item of information should be carefully supplied. … CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.