

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 25 1936

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

Do not use this space.
20133

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township Union Primary Registration District No. 8971
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John W. Ess
 (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 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 Ethel Ess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10th / 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 3 29

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

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) Mo

13. NAME John W. Ess

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

15. MAIDEN NAME Margaret Miller

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

17. INFORMANT Mrs. J. W. Ess
 (ADDRESS) 200 Moberly

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moberly, Mo DATE 5-11-36

19. UNDERTAKER Mahan + Son
 (ADDRESS) Moberly, Mo

20. FILED 5/11, 1936 Original [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from head when called, 1936, to _____, 19____.
 I last saw him come alive on _____, 19____. Death is said to have occurred on the date stated above, at 11⁰⁰ P. M.
 The principal cause of death and related causes of importance were as follows:
Congina Pectoris Date of onset _____

Other contributory causes of importance _____

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?
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) Moberly, Mo

