

State File No. 453Registered No. 179

1. PLACE OF DEATH

County Pima State Arizona
 District or Township 12th or Village _____
 City Tucson No. U.S. Veterans' Hospital #51 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Otto Hess, SPB&W

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>
--------------------	----------------------------------	--

5a. If married, widowed, or divorced
 HUSBAND of Irene G. Hess
 (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Oct. 10, 1878

7. AGE	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.
<u>47</u>	<u>4</u>	<u>22</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Base Ball
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (city or town) Switzerland
(State or country)

PARENTS

10. NAME OF FATHER Otto Hess11. BIRTHPLACE OF FATHER Switzerland
(State or country) (city or town)12. MAIDEN NAME OF MOTHER Mary - unknown13. BIRTHPLACE OF MOTHER unknown
(State or country) (city or town)14. Informant Hospital Records, U.S. Veterans' Hospital,
(Address) Tucson, Arizona.15. Filed 2/26, 1926 by Diag Schmale
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 25, 1926

17. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1925 to Feb. 25, 1926, that I last saw him alive on Feb. 25, 1926

and that death occurred, on the date stated above, at 1:15 P.m.
 The CAUSE OF DEATH* was as follows:

Tuberculosis of the lungsunknown (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted
 If not at place of death? unknownDid an operation precede death? NO Date of _____Was there an autopsy? YesWhat test confirmed diagnosis? Physical & Lab. Exam.

(Signed) W. D. McFaul, M.D.
Feb. 25, 1926 (Address) Tucson, Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Cleveland, Ohio</u>	DATE OF BURIAL <u>2/26/26</u>
---	----------------------------------

20. UNDERTAKER <u>Parker Grimsbaw</u>	ADDRESS <u>Tucson</u>
--	--------------------------

MARK IN RED INK FOR BINDING. Every item of information should be carefully checked. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.