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.

31 1928

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

Do not use this space.

37694

1. PLACE OF DEATH Newton

County ~~Newton~~ Registration District No. 609 File No. 117

Township Primary Registration District No. 4363 Registered No.

City Neosho (No. St. Ward)

2. FULL NAME Charles Hussong

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

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 Hussong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	4	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Girard
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER George Hussong
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Elizabeth Gilbert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT J. W. Land
(Address) Neosho, Mo

15. FILED 12-10, 1928 C. E. Maness
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Nov 14, 1928, that I last saw him alive on Nov 14, 1928, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
107A Broncho Pneumonia

Probably (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Pulmonary Tuberculosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) R. P. [illegible], M. D.
11/16, 1928 (Address) Neosho, Mo

*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.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ I.O.O.F. Cemetery
DATE OF BURIAL 11/17 1928

20. UNDERTAKER BIGHAM'S
ADDRESS Neosho