

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

Do not use this space.

9196

1. PLACE OF DEATH

County Stoddard
Township Richland
City..... (No..... St..... Ward)

Registration District No. 839
Primary Registration District No. 6101

File No.....
Registered No. 8

2. FULL NAME

Loretta June Neuson

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF

Single

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

Dec. 4, 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

2

7

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).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Levella, Mo.

10. NAME OF FATHER

Marion Neuson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

May Lovette

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14. INFORMANT

(Address)

Marion Neuson
Essex Mo Rt.

15. FILED

2/13, 1929

J. P. Brouden
REGISTRAR

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

2-12 1929

17.

I HEREBY CERTIFY, That I attended deceased from 2-4-1929 to 2-12-1929, that I last saw him alive on 2-12-1929, and that death occurred, on the date stated above, at 1.0 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Pneumonia

CONTRIBUTORY (SECONDARY)

107.9 (duration) yrs. mos. 8 ds.
(Whooping cough)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. W. J. Hux, M. D.

, 19 (Address) Essex 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

DATE OF BURIAL

Daylor Cem.

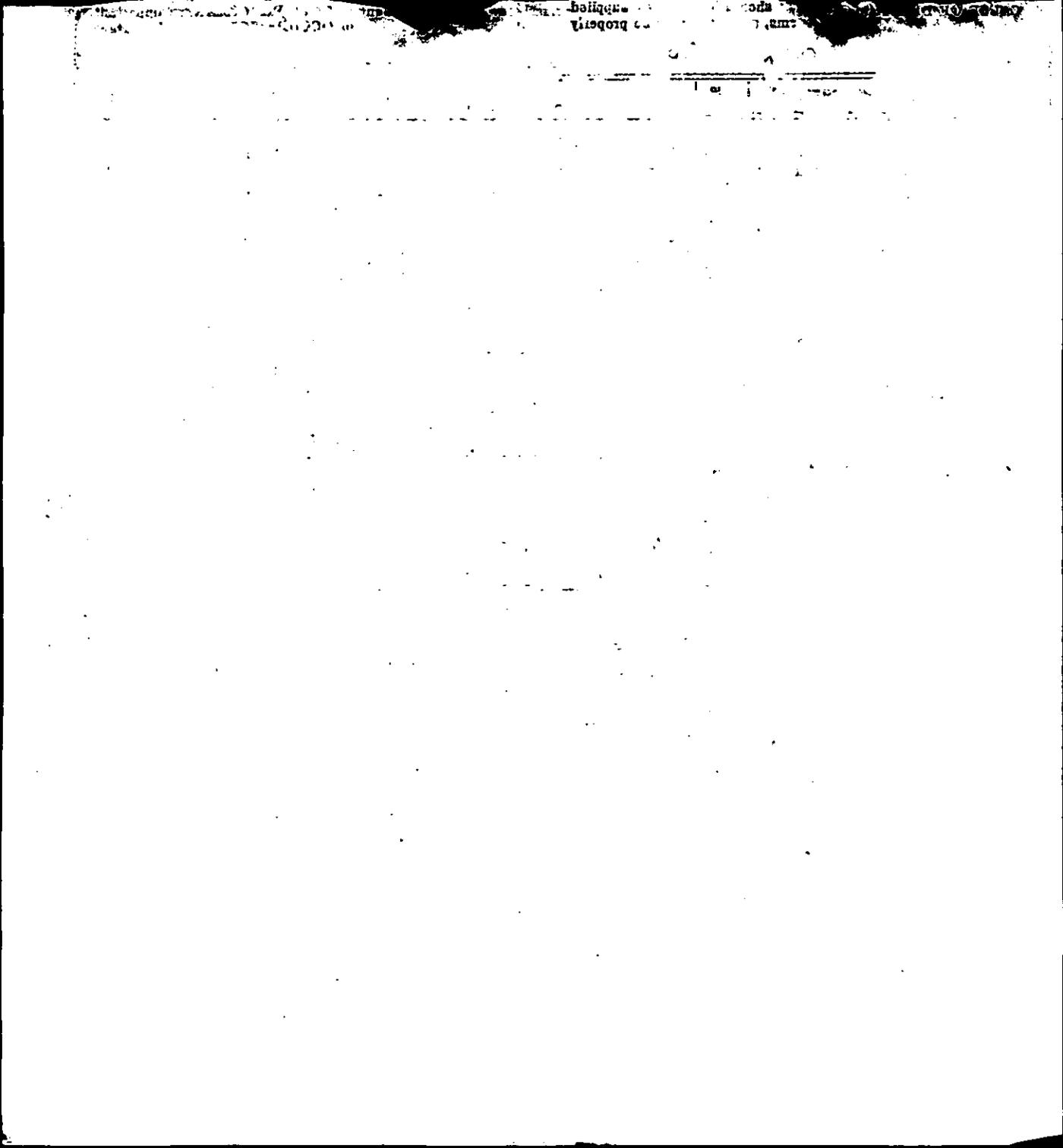
2-13 1929

20. UNDERTAKER

ADDRESS

None

CAUSE OF DEATH BY OCCUPATION is very important. Be sure that it may be properly classified. Be sure that it may be properly classified. Be sure that it may be properly classified.



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