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.

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

Do not use this space.

36901

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 813 N. Franklin St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 847

2. FULL NAME Charles Eugene Hyden
(a) Residence. No. 813 N. Franklin St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
1	0	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(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): Mo.

PARENTS
10. NAME OF FATHER: Charley Hyden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Nellie Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Charley Hyden
(Address) 813 N. Franklin

15. FILED 11-23, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-21-1929

17. I HEREBY CERTIFY, That I attended deceased from 11-16-1929, to 11-21-1929 that I last saw him alive on 11-20-1929, and that death occurred, on the date stated above, at 10 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
104A following
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Whooping Cough
(duration) yrs. 6 wks. mos. ds.

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

11/22, 1929 (Signed) C. E. Feller, M. D
(Address) Springfield 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: Birk Church
DATE OF BURIAL: 11-23 1929

20. UNDERTAKER: W. T. Harvey
ADDRESS: Walnut Mo.

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