

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

Do not use this space.

3792

1. PLACE OF DEATH

County Texas Registration District No. 343 File No.
 Township Beaumont Primary Registration District No. Registered No. 3
 City Houston (No.) St. Ward)

2. FULL NAME Donald Julius Neupner

(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. 5 mos. 12 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-2-1929
 7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
5 12

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 12th 1930 to Jan 14 1930 that I last saw him alive on Jan 12 1930 and that death occurred, on the date stated above, at 2:30 8 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
107A

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

(duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) W.P. Herron, M. D.

9. BIRTHPLACE (CITY OR TOWN) Houston (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Julius Neupner
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chicago (STATE OR COUNTRY) Ill.
 12. MAIDEN NAME OF MOTHER Pauline Koerner
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Marien (STATE OR COUNTRY) La.

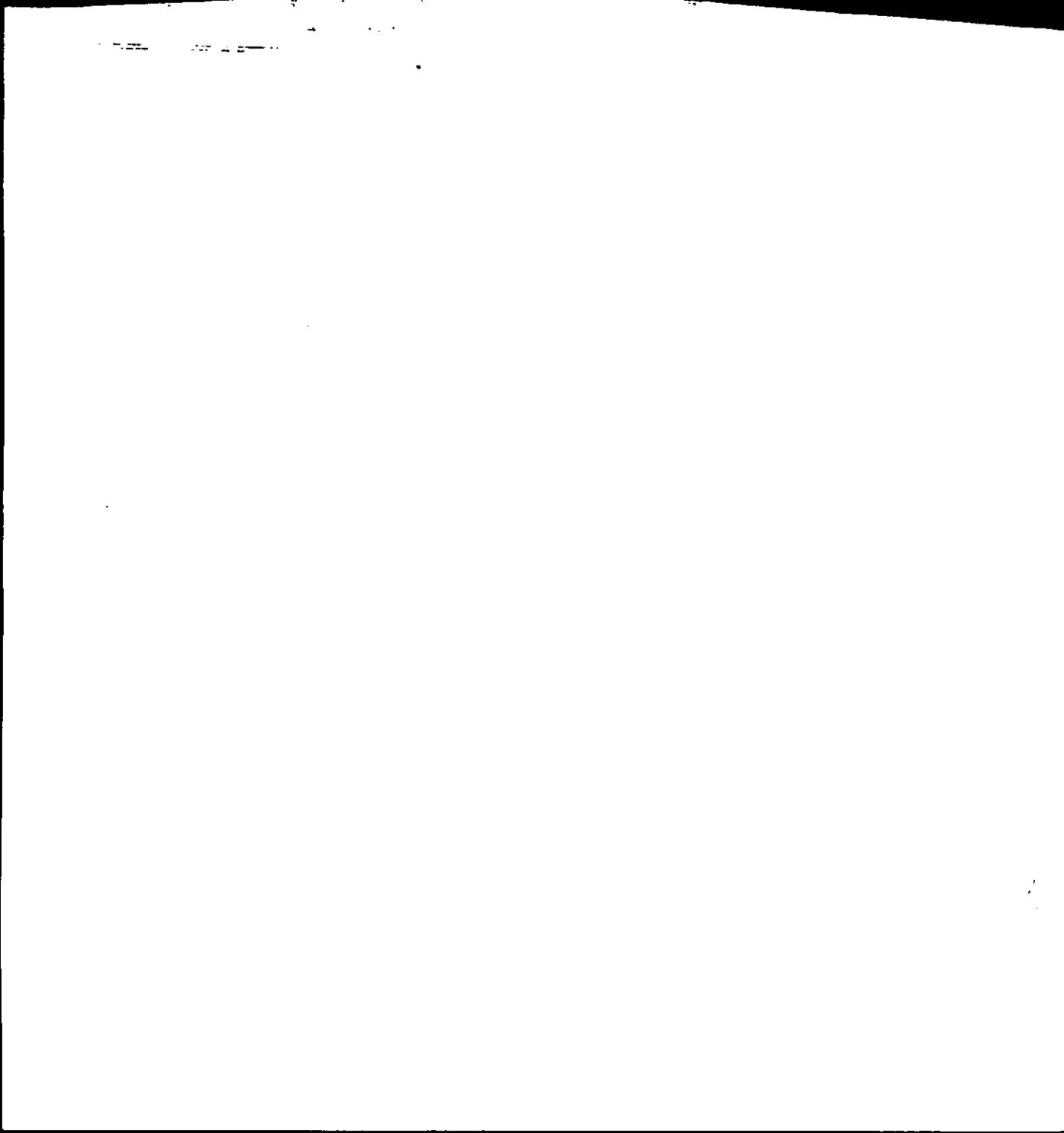
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burlington La. DATE OF BURIAL 1-17 1930
 20. UNDERTAKER Gaylord V. Elliott ADDRESS Chesnut Mo.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Julius Neupner (Address) Houston Tex.
 15. FILED 1-15-30 J.P. Moore REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burlington La. DATE OF BURIAL 1-17 1930
 20. UNDERTAKER Gaylord V. Elliott ADDRESS Chesnut Mo.

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Texas Registration District No. 86 3 File No. _____
 Township _____ Primary Registration District No. 4 522 Registered No. 3
 City Houston (No. _____) St. _____ Ward _____

2. FULL NAME

Donald Julius Neufner

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1930

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

Protheca Pneumonia

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

CONTRIBUTORY (SECONDARY) 100% (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) _____, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

_____, 19 _____ (Address)
 *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.

14. INFORMANT (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19 _____

15. FILED 1-15-30 J.R. Monnick REGISTRAR

20. UNDERTAKER _____ ADDRESS _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETELY CORRECT, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACTLY AS WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

