

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.

NOV 28 1936

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

Do not use this space.

37992

1. PLACE OF DEATH

County Jackson
Township Brookings
City (No., St. Ward)

Registration District No. 403
Primary Registration District No. 5557

File No.
Registered No.

2. FULL NAME

(a) Residence, No. Raytown, Mo. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 10 yrs. 5 mos. 10 days How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 31, 1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>6</u>	DAYS <u>17</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>
	10. Date deceased last worked at this occupation (month and year) <u>AUGUST 1936</u>
11. Total time (years) <u>40</u> spent in this occupation.	

12. BIRTHPLACE (CITY OR TOWN) Raytown, Missouri
(STATE OR COUNTRY)

13. NAME Daniel Hussen

14. BIRTHPLACE (CITY OR TOWN) Wilshire Co. England
(STATE OR COUNTRY)

15. MAIDEN NAME Mary C. Hartsock

16. BIRTHPLACE (CITY OR TOWN) Logansport, Indiana
(STATE OR COUNTRY)

17. INFORMANT Martha Hatten
(ADDRESS) Raytown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Raytown (Brookings) Cem. DATE 10-20 1936

19. UNDERTAKER Clay Clark Hegert
(ADDRESS) Raytown, Mo.

20. FILED 10-20 1936 D. McEubank
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1936, to October 18, 1936

I last saw him alive on October 18, 1936 Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 14-36
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Other contributory causes of importance:
Chronic Interstitial Nephritis 1926

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) D. McEubank, M. D.
(Address) Raytown, Mo.

