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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No. 27514
Township — Primary Registration District No. 3020 — Registered No.
City Carthage (No. ..., ... St. ..... Ward)

2. FULL NAME William C. Chubb
(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

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: Ella Chubb

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 8-1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	—	27	

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

9. BIRTHPLACE (CITY OR TOWN): Niles
(STATE OR COUNTRY): Michigan

PARENTS
10. NAME OF FATHER: Harvey Chubb
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Caroline Wilde
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): New York
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Ella Chubb
(Address): Carthage, Mo.

15. FILED Sept 6, 1927. S. B. Clinton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 5" 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1927, to Sept 5, 1927, that I last saw him alive on Sept 5, 1927, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Diarrhoea
(duration) ..... yrs. ..... mos. 12 ds.
CONTRIBUTORY (SECONDARY): Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1143
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. J. Webster, M. D.
Sept 7, 1927 (Address) Carthage 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: Park Cemetery — DATE OF BURIAL: Sept. 8" 1927

20. UNDERTAKER: Knell Mortuary — ADDRESS: Carthage

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.