WHITE 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.

15288
15557

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 4502

City St Louis (No. 7017 Bruno Av ..... St. ..... Ward)

2. FULL NAME James C Stubbs

(a) Residence. No. ..... St., 4 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: Maud Stubbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 17th 1865

7. AGE: Years 63 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Employment Agent
(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): Iowa

PARENTS

10. NAME OF FATHER: Jesse Stubbs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Peter Ovar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs Maud Stubbs
(Address) 7017 Bruno Av

15. FILED 3 25, 19 ..... Mary C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/25 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1927, to April 24, 1928 that I last saw him alive on April 24, 1928, and that death occurred, on the date stated above, at 12 05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
82A
82B
109A
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Apoplexy with paralysis
(duration) 2 yrs. ..... 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? Clinical
(Signed) S. B. Heberg M. D
4/25, 1928 (Address) 2201 Mc Pherson

*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: Calvary
DATE OF BURIAL: 4-27 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

Dr Helwig
2201 McCormick