

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

Do not use this space.

39329

**1. PLACE OF DEATH**

County Barry Registration District No. 30 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3003 Registered No. 9  
 City Monett (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24, 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 | 6 | 7 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (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) Germany

10. NAME OF FATHER Fredrick Hubery

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

12. MAIDEN NAME OF MOTHER Mary Ann Bransmead

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

14. INFORMANT Mrs W. H. Floerch  
 (Address) Monett Mo

15. FILED 1-2-29 W. M. West  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928 to Dec. 31, 1928  
 that I last saw him alive on Dec. 31, 1928, and that death occurred, on the date stated above, at 1:20 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Met. Carcinoma of  
the stomach  
 (duration) yrs. 6 mos. ds.  
 CONTRIBUTORY (SECONDARY) 44  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: Hoberg Mo

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? X-ray  
 (Signed) P. A. Johnson, M. D.  
 (Address) W. M. West

\*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: Hoberg Cemetery DATE OF BURIAL 1/2 1929

20. UNDERTAKER: Callaway's ADDRESS: Monett

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.

21 1929

