

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

Do not use this space.

**1. PLACE OF DEATH**

42 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 30-18  
 City Clinton (No. R. 2 D. 5) Clinton St. Clinton Ward

File No. 16354  
 Registered No. 16

**2. FULL NAME**

(a) Residence, No. R. 2 D. 5 Clinton St. Clinton Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C. Hubbard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-20-1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>22</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.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Effingham Illinois</u>	
FATHER	13. NAME <u>Ruben Guy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Ellen Cochrell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	17. INFORMANT <u>Mrs. Jerry Terrill</u> (ADDRESS) <u>Clinton, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL	
	PLACE	DATE <u>May 15, 1933</u>
	19. UNDERTAKER <u>Sam J. Emerald</u> (ADDRESS) <u>Clinton, Mo.</u>	
	20. FILED <u>5/12</u> 19 <u>33</u> <u>Ed C. Peeler</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/12, 1933, to 5/12, 1933  
 I last saw him alive on 5/12, 1933. Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Dropped dead trying to push car out of mud.  
75A  
 Other contributory causes of importance:  
Stokes-Adams disease

Name of operation 75A Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Ed C. Peeler, M. D.  
 (Address) Clinton, Mo.

WHITNEY-CRAWFORD, 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.

JUN 22 1933

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