

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Shelidan
City (No. _____) _____

Registration District No. 410
Primary Registration District No. 5367

File No. 20087
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Edward Evert Hubbard

(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 Alice Hubbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2nd 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>3</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former County

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Judge, farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Missouri

13. NAME John Hubbard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsburg

15. MAIDEN NAME Sarah Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Walker Hubbard (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsburg DATE June 7 1933

19. UNDERTAKER Wells Bros (ADDRESS) Jasper Mo

20. FILED 16/10 19 33 D. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-7-33 1933 to 6/6 1933

I last saw him alive on 6/5 1933 Death is said to have occurred on the date stated above, at 2 a.m.

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

Chronic Bronchitis

Other contributory causes of importance: 106B

Name of operation _____ 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) V. H. Neudick, M. D.
(Address) Jasper Mo.

JUN 22 1933

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.

Liled June 7th - 33