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

Do not use this space.

21727

File No. 5527

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. Bethesda Hospital Ward)

Registration District No. 791

Primary Registration District No.

2. FULL NAME Ella Cubberly

(a) Residence, No. Bethesda Hospital St., Ward. B
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23rd 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78.	10.	1.	

OCCUPATION

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

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

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) St. Louis, Mo

FATHER

13. NAME Tobias P. Cubberly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton, N. J.

MOTHER

15. MAIDEN NAME Talla Hoglet.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester England

17. INFORMANT (ADDRESS) Mrs. R. L. Sorty Kansas City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. June 26 1933

19. UNDERTAKER (ADDRESS) A. R. Lupton & Sons #4449 Olive Street

20. FILED JUN 26 1933 J. F. Buedeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 3d, 1932, to June 23, 1933

I last saw h.. alive on June 23, 1933. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

	Date of onset
Myocarditis - chronic	
93C	
133A	
138B	

Other contributory causes of importance:

Syphilis - tertiary

9

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

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? No

If so, specify.

(Signed) [illegible], M. D.

(Address) 4700 Olive St.

6-24-33

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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2
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Justice Building