

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

Do not use this space.

37146

1. PLACE OF DEATH

County Macon Registration District No. 547 File No. _____
 Township Macon Primary Registration District No. 3079 Registered No. 320
 City Hannibal (No. _____) Leveering Hospital St. _____ Ward _____

2. FULL NAME

Ann Elizabeth Rubison
 (a) Residence, No. 819a S Main 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R Rubison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) Pike Co Missouri

13. NAME Henry C. Noyes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stonington Kentucky

15. MAIDEN NAME Harriett B Crandell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data Rhode Island

17. INFORMANT Mrs R M Westfall (daughter)
 (ADDRESS) Toledo, Ohio

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cumsville, Mo DATE Nov 8, 1933

19. UNDERTAKER Wm M Smith
 (ADDRESS) 903 Adams, Hannibal, Mo

20. FILED Nov 8 1933 R R Lobster
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Nov 4, 1933
 I last saw her alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 8:05 a.m.

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

59
139B
Diabetes mellitus
57
 Other contributory causes of importance: Chronic disease
 Date of onset _____

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) B. E. Sulzer, M. D.
 (Address) Hannibal Mo

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.

STATEMENT RECORD

