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.

OCT 17 1935

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

Do not use this space.

28811

1. PLACE OF DEATH
County Buchanan — Registration District No. 82 — File No.
Township Washington — Primary Registration District No. 5127 — Registered No. 7475
City St. Joseph, Mo. (No. Highway 36, 2mi. east of St. Joseph. Ward)

2. FULL NAME William Stuber
(a) Residence, No. R. F. D. St. Joseph. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	3	7	

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.
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) Buchanan Co. Missouri

FATHER
13. NAME John P. Stuber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

MOTHER
15. MAIDEN NAME Ellen Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co. Missouri

17. INFORMANT (ADDRESS) Mrs. J. J. Giller St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE 9/10/35 19

19. UNDERTAKER (ADDRESS) FLEEMAN MORTUARY, INC.

20. FILED Sept 9 35 J. J. Bunshoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1935

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Sept. 8, 1935, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Broken Neck both legs fractured below knees. (accidental) Stuber was walking on highway.

Date of onset

Other contributory causes of importance:
Struck by auto on highway. Driver unknown

Name of operation none Date of
What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/8, 1935
Where did injury occur? Buchanan Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Struck by unknown driver
Nature of injury Broken neck both legs

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon