

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

11635

1. PLACE OF DEATH

County Jasper Registration District No. P 94 File No. 1
 Township Primary Registration District No. 4-5-2 Registered No.
 City Purcell (No.) St. Ward (....)

2. FULL NAME

Gamaliel B. 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

Mary J. Hubbard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13, 1847

7. AGE YEARS MONTHS DAYS IF LESS than day or min.
76 4 9 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Miller

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henry County
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Joseph Hubbard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Carolina
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Louis Hough
 (Address) Carthage, Mo.

15. FILED May 4 1924 Robert H. Gardner
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22nd 1924

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1924 to April 22, 1924 that I last saw him alive on April 22, 1924, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstructed Bowel
53E

CONTRIBUTORY (SECONDARY) Malignant Cancer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18a. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. S. Hogan, M. D.

, 19 (Address) Rock City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Purcell Cemetery

4/24/1924

20. UNDERTAKER

ADDRESS

Knell Mortuary Carthage.

Division of
Vital Statistics

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

#2

Dr. Cortez F. Enloe,
Special Agent,
Jefferson City, Mo.

394 - 11635

Dear Sir:

It is essential that death certificates be made complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Samuel B. Hubbard

Who died at: Jasper, Co on April 22-1924

Residence: No. _____ St. _____
(if nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Obstructed Bowel

Contributory: Malignant Cancer 49

no definite diagnosis of prostate cancer
but of trouble in prostate

Where was disease contracted? Trouble dated from auto
injury several years ago

Did operation precede death? Yes