

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

Do not use this space.

16743

1. PLACE OF DEATH

County Polk
Township Stanton
City Stanton (No. _____) St. _____ Ward _____

Registration District No. 449
Primary Registration District No. 4267

File No. _____
Registered No. 1283

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 10 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Had none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Stanton Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Lewis Hubber

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Lena Jones
(Address) Stanton Mo

15. FILED 5/5 19 26 J. M. Bellinger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3rd 1926

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1926, to May 3, 1926 that I last saw her alive on May 3, 1926, and that death occurred, on the date stated above, at Stanton Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease

CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH? no DATE OF ins

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. S. Bennett, M. D.
, 19 Stanton Mo (Address)

*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 Stanton Mo DATE OF BURIAL 5/6 19 26

20. UNDERTAKER Pohner ADDRESS Stanton

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.

JUN 24 1926

