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

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.

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

Do not use this space.

33549

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. 399 — File No. 3
Township Raw — Primary Registration District No. 1002 — Registered No. 3
City Kansas City, Mo. (No. N.B. Veterans Hospital St. ..... Ward)

2. FULL NAME HUBBARD, Troy Lee — C-1 092 372
(a) Residence. No. Rich Hill, Missouri. St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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 Clyta Catherine Hubbard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 13, 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31		28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Worchester
(STATE OR COUNTRY) Va.

PARENTS
10. NAME OF FATHER John Hubbard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Martha Snodgrass
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.

14. INFORMANT Clyta Hubbard (wife)
(Address) 3113 Oak, Kansas City, Mo.

15. FILED 11/14, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1927

17. I HEREBY CERTIFY, That I attended deceased from October 17, 1927, to November 11, 1927 that I last saw him alive on November 11, 1927, and that death occurred, on the date stated above, at 9:40 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pulmonary chronic, advanced.
23 A
Probably several years. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont know.
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Laboratory.

11/13/27 (Signed) E. J. ROSE, M.D.
(Address) E. J. ROSE, Medical Officer in Charge.
U.S.V. Hospital #67 Kansas 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill Cemetery — DATE OF BURIAL: Nov 15 1927

20. UNDERTAKER: Westport Undertaker — ADDRESS: City