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

Do not use this space.

37265

JAN 1 - 1928

1. PLACE OF DEATH
County Jasper — Registration District No. 41002 — File No.
Township Joplin — Primary Registration District No. — Registered No. 602
City Joplin — Res. 1428 Perkins Ave — St. — Ward)

2. FULL NAME Rosa Marie Jubson

(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 Fem
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 7 1926

7. AGE — YEARS 1 — MONTHS 8 — DAYS 20 — If LESS than 1 day, — hrs. or — min.

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

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

PARENTS
10. NAME OF FATHER John W. Jubson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Elsie Barton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Neb

14. INFORMANT John W. Jubson
(Address) Joplin Mo

15. FILED 12/30, 1927 Dr A Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Dec 27, 1927 that I last saw her alive on Dec 27, 1927 and that death occurred, on the date stated above, at 7-15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 101 a

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? — DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ellsworth Moody, M. D
12-29-1927 (Address) Joplin 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 Fairview Cem — DATE OF BURIAL 12-29-1927

20. UNDERTAKER Newlin Reed Co. — ADDRESS Joplin 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.

PERMANENT RECORD