

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

Do not use this space.

501

1. PLACE OF DEATH *Wayland*
 County *Wayland* Registration District No. *1-1*
 Township *Wayland* Primary Registration District No. *1-1*
 City *Wayland* (No. *1*) St. *Wayland* Ward *1*

2. FULL NAME *Geo W Hubbell*
 (a) Residence, No. *111* St. *Wayland* Ward *1*
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *1* yrs. *6* mos. *1* da.
 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 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 *Annie Moschner*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 27 1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 15

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

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) *Mason Co Mo*

10. NAME OF FATHER *David Hubbell*

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) *Not known*

12. MAIDEN NAME OF MOTHER *Maria Thorsom*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) *Not known*

14. INFORMANT *Mrs Geo Hubbell*
 (Address) *Wayland Mo*

15. FILED *1-3 1928* *H. F. Thiecher*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 2 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 16*, 19*27*, to *Jan 2*, 19*28*, that I last saw him alive on *Jan 1*, 19*28* and that death occurred, on the date stated above, *5 a* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Terminal Regurgitation -
92 H
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 20. WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) *J. H. Hays* M. D.
1-3 1928 (Address) *Wayland*

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Newman Cemetery* DATE OF BURIAL *1-4 1928*
 20. UNDERTAKER *H. F. Thiecher* ADDRESS *Wayland*

1928

