

Dr. Kay's

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

Do not use this space.

9788

1. PLACE OF DEATH

County Marion

Registration District No. 577

File No. 57-56

Township Hannibal

Primary Registration District No. 36279

Registered No. 57-56

City Hannibal (No. 110)

Seamon St. 5 Ward

2. FULL NAME

(a) Residence. No. 110 Seamon St. 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

James Mitter

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

April 7-1862

7. AGE

YEARS MONTHS DAYS
65 11 3
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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)

Hannibal Mo.

10. NAME OF FATHER

John P. Hubbard

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

Hamilton Co. Ohio

12. MAIDEN NAME OF MOTHER

Mary Nash

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

Hannibal Mo.

14. INFORMANT (Address)

Rita Reichman
Hannibal Mo.

15. FILED

3/10/28 E. E. Strude
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10-1928

17. I HEREBY CERTIFY That I attended deceased from Mar 3, 1928, to Mar 9, 1928 that I last saw h.w. alive on Mar 9, 1928, and that death occurred, on the date stated above, at 5:30:0 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Old pneumonia
6 days

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. da.

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 Chancel
(Signed) W. H. Kay, M. D.
, 19 (Address) Hannibal 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 DATE OF BURIAL

Mt. Olivet Cemetery 3/12 1928

20. UNDERTAKER ADDRESS

Schwartz Funeral Home Hannibal Mo.

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.

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