

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

Do not use this space.

13957

1. PLACE OF DEATH
 County Livingston Registration District No. 0-18
 Township Chillicothe Primary Registration District No. 3026
 City Chillicothe (No.) St. Ward (....)
 2. FULL NAME Syurs Edgus Stubbs
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Larry Stubbs
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 6 10 —
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labor
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 23 1928
 17. I HEREBY CERTIFY That I attended deceased from April 17 1928 to April 23 1928
 that I last saw him alive on April 22 1928, and that death occurred, on the date stated above, at 6:50 a. m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:
Influenza
 (duration) yrs. mos. 7 da.
 CONTRIBUTORY (SECONDARY) HB
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)
 10. NAME OF FATHER Z Stubbs
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Road Knowl
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)
 14. INFORMANT Mrs E.E. Stubbs
 (Address) 725 Center St Chillicothe
 15. FILED 4-25-28 Renew Derry
 REGISTRAR

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. C. Collier, M. D.
4/24 1928 (Address) Chillicothe 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 Edgewood Cem DATE OF BURIAL 4-25 1928
 20. UNDERTAKER W.B. Norman Chillicothe
 ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

