I 22 1928

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

Do not use this space.

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File No.

Registered No. 1142

1. PLACE OF DEATH
County Buchanan
Registration District No.
Township
Primary Registration District No.
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Frank Hubka,

(a) Residence. No. St., Ward. Dubois, Nebraska
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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 Emma Hubka,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 28, 1844

7. AGE: Years 44 | Months 1 | Days 2 | If LESS than 1 day, hrs. or min.

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) Dubois,
(STATE OR COUNTRY) Nebraska,

PARENTS

10. NAME OF FATHER James Hubka,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Aurtria Hungary,

12. MAIDEN NAME OF MOTHER Mary Raposhik

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Austria Hungary,

14. INFORMANT Mrs Frank Hubka
(Address) Dubois, Nebraska,

15. FILED OCT 1 1928, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30. 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 28, 19, to Sept. 30, 1928 that I last saw h. alive on Sept. 30, 1928, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Colon (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Metastases to liver (duration) yrs. 2 mos. ds.

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? Proctoscopic exam
(Signed) H. G. Thompson, M. D
Oct. 1 1928 (Address) 620 Charles St Jos 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: Dubois, Nebraska, Via Auto
DATE OF BURIAL: Oct. 3rd 1928

20. UNDERTAKER: Heston-Belsle-Bowman by S. H. Franke
ADDRESS: 319 S. 10 St. Funeral Home

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.