FEB 22 1929

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

Do not use this space.

2321

58
1
7

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township Brookfield — Primary Registration District No. 3025 — Registered No. 11

City Brookfield (No. 207, S. Livingston St. 4th Ward)

2. FULL NAME Susanna Hubbard

(a) Residence. No. ~~619 Market~~ St., ~~3~~ 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	76	11	23	

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

235

9. BIRTHPLACE (CITY OR TOWN) Yorkshire
(STATE OR COUNTRY) England

8

PARENTS

10. NAME OF FATHER Wm James Sisson

8

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

12. MAIDEN NAME OF MOTHER Ann Ruston

8

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

14. INFORMANT Sandall Hubbard
(Address) 619 S. Market Brookfield Mo

15. FILED 1-31, 1929 Bessie M. Fox REGISTRAR
Deputy

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-24 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-3, 1928, to 1-24, 1929 that I last saw her alive on 1-24, 1929 and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131
1 yr. (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 yr. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Tech
(Signed) Jno. M. McLaney, M. D
19 (Address) Brookfield 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 Rose Hill Cemetery — DATE OF BURIAL Feb 1 1929

20. UNDERTAKER M. Y. Rusk — ADDRESS Brookfield 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.