

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

Do not use this space.

21650

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City K. C. Mo. (No. 1002) Wright Wetherston Hosp St. _____ Ward _____

File No. _____
 Registered No. 2790

2. FULL NAME

Jessamine Hubera
 (a) Residence. No. 4414 Fairmount St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Chief
 (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) Mo.

PARENTS

10. NAME OF FATHER Conrad Hubera

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

12. MAIDEN NAME OF MOTHER Florence Blake

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

14. INFORMANT Conrad Hubera

(Address) 4414 Fairmount

15. FILED 6/25, 19 29 M. M. Crowe REGISTRAR
Assr

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1929 to June 24, 1929 that I last saw her alive on June 24, 1929 and that death occurred, on the date stated above, at 3a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
159 161W
Pre-mature (5 mos gestation)
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Miscarriage of mother who had acute appendicitis (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? m DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 0

(Signed) Geo F Lindstrom, M. D.

6/25, 1929 (Address) 605 Bryant Bldg

*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 Olathe, Kans DATE OF BURIAL 6/25 1929

20. UNDERTAKER R. V. Lindsey Inc K. C. Mo ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---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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