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.

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

Do not use this space.

16199

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2107
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo. (No. Research Hos St. Ward)

2. FULL NAME Mrs Mae Hubener
(a) Residence. No. 1712 North 34th st Omaha Neb 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Geo J. Hubner

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

7. AGE: About 39 — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home 48
(b) General nature of industry, business, or establishment in which employed (or employer): 129
(c) Name of employer: 107A

335

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

31

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): " " Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Geo Jos Hubener
(Address) Baltimore Md

15. FILED 5/17, 1930 M. M. Crowe REGISTRAR
ass't

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 10, 1930, that I last saw her alive on May 9th, 1930, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia and Peritonitis
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Concussion of the Uterus & cervix
(duration) 20 yrs. 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? Laboratory & Clinical
(Signed) [illegible], M. D.
5/10, 1930 (Address) 800 Argyle K.C. 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: Forth Levenworth Kans — DATE OF BURIAL: May 19 1930

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand ave