

NOV 24 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 328
Township Wilson Primary Registration District No. 5433
City (No. _____) _____ St. _____ Ward _____

File No. 32679
Registered No. _____
St. _____ Ward _____

2. FULL NAME

~~Elizabeth Hubbell~~ Elizabeth Hubbell
(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. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-4-1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF William B. Hubbell

17. I HEREBY CERTIFY, That I attended deceased from 7-4-1930, to 10-4-1930, that I last saw h. or alive on 10-3-1930, and that death occurred, on the date stated above, at 12-30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1864

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Uterus

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 7 20

48 46 (duration) _____ yrs. 6 mos. _____ ds.

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

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Trenton, Mo.
(STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER Mr. H. Robertson

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-5-1930

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Fairmont

WHAT TEST CONFIRMED DIAGNOSIS Physical Signs
(Signed) Hubbell _____ D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) West Va.

10-5-1930 (Address) Chellecothe Mo

14. INFORMANT J. G. Robertson
(Address) Fareddo, 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.

15. FILED 10-5-1930 J. G. Robertson
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stuckes Cem. DATE OF BURIAL 10-5-1930

20. UNDERTAKER J. G. Robertson ADDRESS Fareddo

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

