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

Do not use this space.

10480

1. PLACE OF DEATH
County: Knox
Township: Fayette
City: ..... (No. ..... St. ..... Ward)
Registration District No. 444
Primary Registration District No. 5403
File No. .....
Registered No. 5

2. FULL NAME: William Henry Harrison Hubble

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Francis Ellen Hubble

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15-1842

7. AGE: YEARS 88 MONTHS 7 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: True Hubble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Eligabeth Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Mrs Grace Bell Maddox, Sinox City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Ridge DATE: March 25 1931

19. UNDERTAKER (ADDRESS): Beth & Basket, Bonne Mo

20. FILED: Mar 23 1931 J R Northcutt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23 1931

22. I HEREBY CERTIFY, That I attended deceased from March 10 1931 to March 23 1931
I last saw him alive on March 22 1931. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis | |
| He was sick 13 days | |
| 10 D | |
| | |

Other contributory causes of importance: 10 D

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: He was injured at
Nature of injury: Pleasant Ridge

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J.R. Northcutt, M. D.
(Address) Knox City 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.

APR 23 1931

PERMANENT RECORD