

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.

MA 28 1931

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

Do not use this space.

21916

1. PLACE OF DEATH
51 County Johnson Registration District No. 427
2 Township Madison Primary Registration District No. 4253
2 City Holden (No. _____ St. _____ Ward _____)

2. FULL NAME Leona Maude Huber
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 29 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Huber</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 23 - 1882</u>			
7. AGE	YEARS <u>49</u>	MONTHS <u>2</u>	DAYS <u>1</u>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	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 _____			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
	13. NAME <u>J. J. Martin D. D.</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
	15. MAIDEN NAME <u>Sarah Martin</u>		
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
	17. INFORMANT (ADDRESS) <u>Chas Huber Holden Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holden Cemetery</u> DATE <u>June 26, 1931</u>			
19. UNDERTAKER (ADDRESS) <u>W. J. Johnson Holden Mo.</u>			
20. FILED <u>6/24</u> 19 <u>31</u> <u>S. W. Harris</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 24, 1931</u>	
22. I HEREBY CERTIFY, that I attended deceased from <u>June 22, 1931</u> to <u>June 24, 1931</u>	
I last saw h. e. r. alive on <u>June 24, 1931</u> . Death is said to have occurred on the date stated above, at <u>5:45 P. M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Acute Meningitis, Cerebral, Uremic intoxication</u> <u>179A</u> <u>137B</u> Other contributory causes of importance: <u>unknown</u>	
Name of operation <u>none</u>	Date of _____
What test confirmed diagnosis? <u>Laboratory</u>	Was there an autopsy? <u>NO</u>
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 _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>J. O. Thompson</u> , M. D. (Address) <u>Holden Mo.</u>	

