

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

Do not use this space.

34774

371

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Arkens Primary Registration District No. 2002  
 City Joplin No. 1872 De Cave Ward

**2. FULL NAME**

Fredolin P Huber  
 (a) Residence, No. 1872 De Cave St. De Cave Ward. (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 <u>M</u>	4. COLOR OR RACE <u>W</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>Edgar Keith Hender</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 20, 1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>8</u>
	DAYS <u>27</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>Sales</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Aggr. Joplin Supply</u>	
	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) <u>M. Austin</u>		
MOTHER FATHER	13. NAME <u>Joseph A. Huber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Barbara Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT (ADDRESS) <u>Kenneth L. Spence</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Joseph</u> DATE <u>10-20-31</u>		
19. UNDERTAKER (ADDRESS) <u>Hubert</u>		
20. FILED <u>10/20</u> 19 <u>31</u> <u>A. Benson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 10, 1931 to Oct 17, 1931  
 I last saw him alive on Oct 17, 1931 Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

<u>Valvular Heart disease</u>	Date of onset
<u>Albuminuria</u>	<u>unknown</u>

Other contributory causes of importance: 92A  
132B

Name of operation: 92A Date of X 92A  
 What test confirmed diagnosis? 92A Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 92A 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 Yes  
 (Signed) W. H. Benson M. D.  
 (Address) Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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