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.

DEC 21 1931

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

Do not use this space.

36930

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1160

City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Frank P. Bub

(a) Residence, No. 1429 North 11 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 54 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Margaret O'Donaghue Bub

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 9, 1869

7. AGE: YEARS 62 — MONTHS 1 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Mfg.
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): Waukegan Ill.

FATHER

13. NAME: George Bub
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Mary Knoll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo New York

17. INFORMANT (ADDRESS): Mrs Margaret Bub. 1429 No. 11 st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Olivet Cem — DATE: November 20, 1931 — St Joseph Mo

19. UNDERTAKER (ADDRESS): H O Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 11-19-31, 19 — John R. Bender K.B. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1931, to Nov 18, 1931

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism — Date of onset Nov 16

1228 [illegible]

Other contributory causes of importance: ✓

Name of operation Herniotomy Date of Nov 16

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? ✓ None

If so, specify

(Signed) Gustav A Law, M. D.

(Address) Kirkpatrick Bldg