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 30 1932

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

Do not use this space.

File No. 7090

Registered No. 11

1. PLACE OF DEATH

County Stoddard — Registration District No. 840

103 Township Duck Creek — Primary Registration District No. 6102

City Puxico Mo (No. ..... St. ..... Ward)

2. FULL NAME Ethel Huebner

(a) Residence, No. Puxico Mo St., One Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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 John H Huebner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 29 = 1868

7. AGE: YEARS 63 — MONTHS 10 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 235

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) Stewartsville Ind

FATHER

13. NAME ~~Ethel Huebner~~ John Huebner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Ind

17. INFORMANT (ADDRESS) John H. Huebner Puxico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Puxico DATE 2-22 1932

19. UNDERTAKER (ADDRESS) Hickman White Puxico Mo

20. FILED Feb 25 1932 E L Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, to Feb 19 1932

I last saw her alive on Feb 18 1932. Death is said to have occurred on the date stated above, at 1145 a.m.

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

Pulmonary Tuberculosis — Date of onset

23A 23B

Other contributory causes of importance: ✓

1

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 ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) E L Elmore, M. D.

(Address) Puxico Mo