

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

Do not use this space.

7177

1. PLACE OF DEATH

County Warren

Registration District No. 581

Township Arkham

Primary Registration District No. 6171

City (No.) St. Ward)

File No.

Registered No. 7

2. FULL NAME

George Washington Huber

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Huber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 21

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kohlbville (STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER J Peter Huber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Kathie Kohl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Robert Huber (Address) 4919 South St. Louis Mo.

15. FILED Feb 18 1932 Arkham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/15 1932

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 4:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Softening of Brain
82.09 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paralysis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) (1)

19. DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Wm A. Dyer M. D. Nov 16 1931 (Address) Norchester Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrton City Cemetery DATE OF BURIAL 2/18 1932

20. UNDERTAKER F W Huber ADDRESS Warrton 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.

WAR 25

