

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

Do not use this space.

16947

1. PLACE OF DEATH

74 County Nodaway Registration District No. 617
Township Grant Primary Registration District No. 5819
City NY # 2 Barnard, Mo. No. 10 St. 10 Ward

File No. _____
Registered No. 10

2. FULL NAME

John Rumley Hubbell
(a) Residence No. _____ St. _____ Ward. Creedon Springs, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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 married
(specify the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
1. Adaline Base
2. Mabel Walden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9 18

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) retired 14 years
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas R Hubbell

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

12. MAIDEN NAME OF MOTHER Paulina Kennick

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

14. INFORMANT Mrs. Cora Thompson
(Address) Guilford, Mo.

15. FILED 5/10, 1932 Chas. W. Humbert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1932

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____ and that I last saw him on _____ and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic valvular heart disease, and angina pectoris
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) of 2 1/2 years
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED new place of death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas. W. Humbert M. D.
5/10, 1932 (Address) Corona, Nodaway Co., 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 Masonic Cemetery DATE OF BURIAL 5/11 1932

20. UNDERTAKER W.D. Campbell ADDRESS Barnard, Mo.

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

MAILED 24 1932

