

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.

26 1932

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

Do not use this space.

23598

1. PLACE OF DEATH

77 County *Gark*  
Township *Richland*  
City (No. ....)

Registration District No. *650*  
Primary Registration District No. *5861*

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

*James L. Hubbs.*

(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 *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs Jane Hubbs*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 12, 1864*

7. AGE *68* YEARS *10* MONTHS *24* DAYS If LESS than 1 day, .... hrs. or .... min.

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) *16*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Independence, Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *John Hubbs*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ky*  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER *Susan Leonard*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ky*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs Jane Hubbs*  
(Address) *Dona, Mo*

15. FILED *July 6 1932* *J. P. Balty M.D.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 6 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 *5:19 a* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Gunshot wound, suicide shot self through stomach with 410 shotgun lived 2 hrs 19 minutes*  
(duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) *16* (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRAICTED *5*  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? .... DATE OF ....  
WAS THERE AN AUTOPSY? ....  
WHAT TEST CONFIRMED DIAGNOSIS *C. Beach* M. D.  
(Signed) *7-6, 1932* (Address) *Olyah, Mo. Corcoran*

\*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 *Sumner Cemetery* DATE OF BURIAL *7-6 1932*

20. UNDERTAKER *Parkney Warren* ADDRESS *Dona, Mo*

