

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

Do not use this space.

25663

1. PLACE OF DEATH

2 1 County Chariton
5 Township Salisbury
2 City Salisbury (No. 6--)

Registration District No. 175
Primary Registration District No. 4104

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME

Harbert 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1932

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

17. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Aug 27 1932 that I last saw him alive on 8-27 1932 and that death occurred, on the date stated above, at 5-45 P m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25-1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 2 25

Chromyomelia
93C
(duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 93
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Germany 10 (STATE OR COUNTRY) 10

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

10. NAME OF FATHER Bernard Huber 11 (STATE OR COUNTRY) 11

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) 12

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. W. Stankus, M. D.

12. MAIDEN NAME OF MOTHER unknown

8/27, 1932 (Address) Salisbury mo

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

*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.

14. INFORMANT Carl Huber (Address) Salisbury Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salisbury Cemetery DATE OF BURIAL 8-29 1932

15. FILED 8-31 1932 W. H. Stankus REGISTRAR

20. UNDERTAKER Hunkelburger Bros ADDRESS Salisbury Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. SEP 22 1932

