

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

Do not use this space.

31288

1. PLACE OF DEATH

114 County Wright
Township Center Grove
City Mo Zula (No. Wilson)

Registration District No. 908
Primary Registration District No. 4549

File No. _____
Registered No. 30 St. _____ Ward _____

2. FULL NAME

(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 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elmer Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26, 1871</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>10</u>
		<u>24</u>
8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. <u>Home keeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) <u>Wright Co. 1</u>		
13. NAME <u>John Lubron</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Florence Heller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hill Crest</u> DATE <u>9-22, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Bottling Home Care Staff</u>		
20. FILED <u>9/24, 1932</u> <u>J. H. Hubbard</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1932, to Aug 20, 1932
I last saw her alive on Aug 20, 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Acute Arterio Sclerotic and atherosclerosis
Date of onset _____

Other contributory causes of importance:
788
156A
517

Name of operation _____ Date of _____
What test confirmed diagnosis? Smear Was there an autopsy? No

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? No
If so, specify _____
(Signed) J. H. Hubbard, M. D.
(Address) 1114 1/2 W. 11th St. Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

S. NO. 2

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.

