

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

Do not use this space.

**1. PLACE OF DEATH**

5 County Barry  
Township Crane Creek  
City (No. ....) (No. ....) Ward

Registration District No. 29  
Primary Registration District No. 5046

File No. 31349  
Registered No. ....

**2. FULL NAME**

Ermine Culton Hubbard  
(a) Residence, No. Barry County Mo. St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conway Hubbards  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Polk County Mo.

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Ermine Culton Cook

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo.

17. INFORMANT Arthur Wallace  
(ADDRESS) Billings Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Olive DATE Oct 2 1932

19. UNDERTAKER W. E. Hilton  
(ADDRESS) Crane Mo.

20. FILED Oct 1 1932 J. P. Hoopes  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1932, to Oct 1 1932  
I last saw her alive on Apr 25 1932 Death is said to have occurred on the date stated above, at 3:24 m.

The principal cause of death and related causes of importance were as follows:

Myo-Cardia 9-30-1931  
930 930  
Other contributory causes of importance: Nemiplegia 49 page

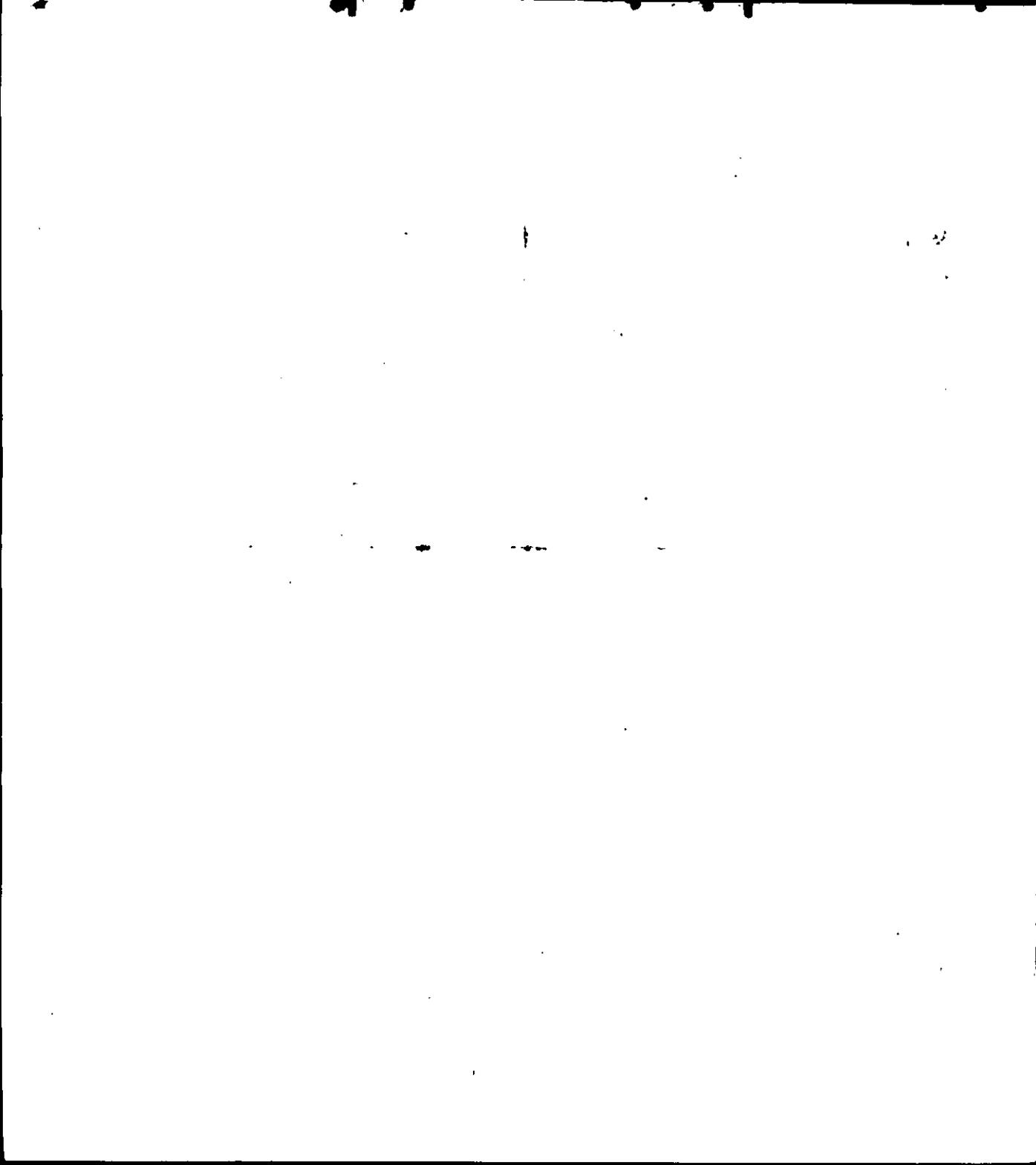
Name of operation none Date of 7  
What test confirmed diagnosis clinical Was there an autopsy? no

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) SN Zimmerman M. D.  
(Address) Aurora 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. NOV 21 1932



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Barry Registration District No. 29  
Township Crane Creek Primary Registration District No. 5046  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 580

**2. FULL NAME** Ermine C. Hubbard

(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1858

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS     | If LESS than 1 day, .....hrs. or .....min. |
|        | <u>74</u> | <u>7</u> | <u>3</u> |  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Folk Co mo

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Ermine Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Folk Co mo

17. INFORMANT Arthur Wallace  
(ADDRESS) Billings mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Oct 7 1933

19. UNDERTAKER W. E. Hilton  
(ADDRESS) Crane mo

20. FILED Jan 1 1933 Mrs. H. R. Williams  
Registrar. Dpt.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 to Oct 1 - 1932

I last saw her alive on Apr 23, 1932. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset \_\_\_\_\_  
Hemiplegia 4 yrs

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_  
(Signed) J. N. Townsend M. D.  
(Address) Amora 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-31349