

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St Joseph (No. St Joseph Hospital)

Registration District No.
Primary Registration District No. 1001

85

File No. 31485
Registered No. 586
St. _____ Ward _____

2. FULL NAME Bertha Catherine Hubbard

(a) Residence, No. 6308 Carneige st. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John T Hubbard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 11, 1886</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>8</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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) Doniphan (STATE OR COUNTRY) Kansas

13. NAME Paul T Teschnor

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

15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

17. INFORMANT John T Hubbard (ADDRESS) 6308 Carneige St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Pk Cem. PLACE St Joseph Mo. DATE Oct. 11 1932

19. UNDERTAKER (ADDRESS) H. B. Benders 1802 Union St St Joseph Mo.

20. FILED 10-11 1932 John H. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Oct 9, 1932.
I last saw her alive on Oct 9, 1932. Death is said to have occurred on the date stated above, at 9:50A.m.

The principal cause of death and related causes of importance were as follows:
Ulcer of eye starting June 1932
134A
133A
131A

Other contributory causes of importance:
Nephritis 1

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) John T. Teschnor, M. D.
(Address) St Joseph Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

V. S. NO. 2

