

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

Do not use this space.

35452

1. PLACE OF DEATH
 39 County Greene Registration District No. 321
 Township Washington Primary Registration District No. 5445
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Christopher C. Chubb
 (a) Residence, No. Rogersville R no 2 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 M 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 Maggie Chubb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1897

7. AGE YEARS 35 MONTHS 4 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour at Dairy 2

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) Missouri 1

MOTHER FATHER 13. NAME Levi Chubb

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

15. MAIDEN NAME Hannah Harner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT Maggie Chubb
 (ADDRESS) Rogersville R no 2

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sumner Cemetery DATE Nov 21 1932

19. UNDERTAKER J. P. King
 (ADDRESS) Springfield Mo

20. FILED Dec 9 1932 Mrs. E. P. Roeder
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1932 to Nov 20 1932
 I last saw him alive on Nov 20 1932 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia 11/13/32
107A / 1A7A
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No.
 If so, specify _____
 (Signed) E. C. H. H. H., M. D.
 (Address) Rogersville Mo.

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 9 1932

