

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City H. C. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 16785
Registered No. 2284
St. _____ Ward)

2. FULL NAME

Henry Lubke
(a) Residence, No. 1325 Claggett St., _____ Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Male</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>Anna Lubke</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 27 - 57</u> | | |
| 7. AGE YEARS <u>73</u> | MONTHS <u>11</u> | DAYS <u>2</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u> | | |
| 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) <u>Germany</u> | | |
| 13. NAME <u>Henry Lubke</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | |
| 15. MAIDEN NAME <u>Leidy Kubo</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | |
| 17. INFORMANT <u>Anna Lubke</u> (ADDRESS) <u>1325 Claggett</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>5-31-33</u> | | |
| 19. UNDERTAKER'S (ADDRESS) <u>Quirk & Jovin Co</u> | | |
| 20. FILED <u>5-31</u> 19 <u>33</u> <u>M. M. Crowe</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/33, 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
Dr. M. M. Crowe
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Arteriosclerosis
Other contributory causes of importance:
945
Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy yo

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 to any organ related to occupation of deceased?
If so, specify _____
(Signed) M. M. Crowe
(Address) 1325 Claggett

DEP. CO. 7

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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