

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

Do not use this space.

**27969**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **483**  
City **St. Louis** (No. **Jewish Hospital**)

File No.....  
Registered No. **7030** (Ward)

**2. FULL NAME**

**David McCubley**  
(a) Residence, No. **Super & Big Bend Rds 17** Ward. **Hickwood Mo**  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **-**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 17 1933**

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

22. I HEREBY CERTIFY, That I attended deceased from **8/11** 19**33**, to **8/16** 19**33**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 25-1927**

I last saw **him** alive on **8/13** 19**33**. Death is said to have occurred on the date stated above, at **11:50 p.m.**

7. AGE YEARS **5** MONTHS **11** DAYS **19** IF LESS than 1 day, ..... hrs. or ..... min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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.....

Date of onset

**Encephalitis epidemica  
Pneumonia, broncho**

12. BIRTHPLACE (CITY OR TOWN) **Mo** (STATE OR COUNTRY)

Other contributory causes of importance: **17**

FATHER 13. NAME **Fred M<sup>c</sup> Cubley**

Name of operation **None** Date of.....  
What test confirmed diagnosis? **Spinal fluid** as there an autopsy? **Yes**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Ark** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Agness Bluff**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Indiana** (STATE OR COUNTRY)

17. INFORMANT **Fred M<sup>c</sup> Cubley** (ADDRESS) **Super & Big Bend Rds**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Peters (burial)** DATE **8-16-** 19**33**

19. UNDERTAKER **Louis H Bopp** (ADDRESS) **1118 Hickwood Mo**

20. FILED **J H Bredeck** Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....  
(Signed) **Larry Agness** M. D.  
(Address) **Jewish Hospital, St. L. 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.

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

SEP 26 1933

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