

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.

OCT 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County Rochester
Township Chapondville
City Roch. Mo. (No. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 30874
Registered No. 289

2. FULL NAME

Alice Dubbs
(a) Residence, No. 3643 Cook St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 16 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 F. 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 Clement Dubbs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1879.

7. AGE YEARS 53 MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.

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) Springfield, Mo.

13. NAME Sam Hargis

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

15. MAIDEN NAME Alice Craker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Hospital Rec. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 11 1933

19. UNDERTAKER (ADDRESS) Leidners 1417 N. Market

20. FILED 9/9 1933 L. C. Ostrom, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Sept 6 1933. I last saw her alive on Sept 5 1933. Death is said to have occurred on the date stated above, at 6:30 A. M. The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis. Date of onset 1931

Other contributory causes of importance: 23
Name of operation Ray. Ph. Exam. Date of
What test confirmed diagnosis? Labs. Was there an autopsy? yes

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) Melvin Jess M. D. (Address) Roch. Hosp., Roch. Mo.

SECRET

SECRET