

JAN. 26 1934

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

Do not use this space.

39291

1. PLACE OF DEATH

11 County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5727
City (No. 2 mi. no. of Claire, Mo.) St. Ward ()

File No.
Registered No. 7473

2. FULL NAME Nicholas Stuber

(a) Residence, No. Washington Twp. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 78 yrs. mos. ds.

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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Stuber</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec, 29, 1851</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>11</u>	<u>25</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 20 yrs.</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) Solutern, (STATE OR COUNTRY) Switzerland

FATHER 13. NAME John Stuber

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Alfred Stuber (ADDRESS) R. F. D. #1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cemetery DATE Dec, 26, 1933

19. UNDERTAKER Walter Maierhoffer (ADDRESS) 1302 Farrar St. St. Joseph, Mo.

20. FILED Dec 26 1933 Registrar J. J. J. J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931, to Dec. 24, 1933.
I last saw him alive on Nov. 29, 1933. Death is said to have occurred on the date stated above, at 7:00 A.M.
The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis
77
Other contributory causes of Anterior cerebral

Name of operation 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?
If so, specify
(Signed) D. E. Bayless M. D.
(Address) Kirkpatrick Bldg. St. Joseph,

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.

