

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

Do not use this space.

40981-8

FEB 27 1934

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Sedalia Primary Registration District No. 3032
 8 City Sedalia (No. Bothwell) Hospital St. _____ Ward _____
 2. FULL NAME Leo Huberty
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 45
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
 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) Unknown
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Hospital Record
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 1/18/34
 19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo
 20. FILED 1-18-34 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31/33 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Dec 31, 1933
 I last saw him alive on Dec 31, 1933 Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Fracture of neck (6th cervical vertebra) Due to automobile accident
 Date of onset Dec 30 1933
 Other contributory causes of importance: Total paralysis both legs Partial paralysis both arms Severe lacerated wounds of scalp
 Name of operation _____ Date of _____
 What test confirmed diagnosis X-Ray Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Dec 30, 1933
 Where did injury occur? Benton Co. Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public highway
 Manner of injury truck overturned
 Nature of injury fractured neck
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. B. Kemerer, M. D.
 (Address) Sedalia Mo.

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

X. 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.

MARGIN RESERVED FOR BINDING

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