

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.

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

Do not use this space.

MAR 24 1934

4259

1. PLACE OF DEATH

20 County Cedar  
Township Cedar  
City (No. ....)

Registration District No. 163  
Primary Registration District No. 5232

File No. ....  
Registered No. 19 St. .... Ward)

2. FULL NAME

Charles H Hubbard  
(a) Residence, No. Edwards Springs Mo R. 5 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-16-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 4 27

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

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) Mo

13. NAME Henry Hubbard

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

15. MAIDEN NAME Ellen M Kirkpatrick

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

17. INFORMANT Sheldon Hubbard (ADDRESS) Edwards Springs Mo R. 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Love Cem DATE 2-14 1934

19. UNDERTAKER Swinn-Siders (ADDRESS) Edwards Springs Mo

20. FILED 713 1934 W Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-7- 1934, to 2-12 1934

I last saw him alive on 2-12 1934 Death is said to have occurred on the date stated above, at 5a m.

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

Pneumonia labor Date of onset 2-7-34

108

108

Other contributory causes of importance:

General nervous breakdown

Name of operation None Date of 2

What test confirmed diagnosis? Chem. Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No 1934

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) J W Richardson, M. D. (Address) W. J. ... Mo

