

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.

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County Audrain  
Township \_\_\_\_\_  
City Merxer Mo

Registration District No. 26  
Primary Registration District No. 3002

File No. 28203  
Registered No. 111  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frances Edmund Dubbert

(a) Residence, No. Martinsburg Mo. St. R.D. 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) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5-1915  
7. AGE YEARS 19 MONTHS 8 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helping father on farm  
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) Martinsburg Mo.

13. NAME Henry Dubbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bozage Co., Mo.

15. MAIDEN NAME Johanna Fennewald

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

17. INFORMANT (ADDRESS) Mrs Henry Dubbert Martinsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paddock Mo. DATE 8-14-1934

19. UNDERTAKER (ADDRESS) H. J. Grainger Paddock Mo.

20. FILED 8-13-1934 Blanche Neely Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 12 1934  
22. I HEREBY CERTIFY, That I attended deceased from August, 9 1934 to August, 12 1934  
I last saw him alive on August, 12 1934 Death is said to have occurred on the date stated above, at 10.55 P.M.  
The principal cause of death and related causes of importance were as follows:

Peritonitis; 131A 131B 131C 131D 131E 131F 131G 131H 131I 131J 131K 131L 131M 131N 131O 131P 131Q 131R 131S 131T 131U 131V 131W 131X 131Y 131Z  
Other contributory causes of importance: Ruptured Appendix

Name of operation Appendix Date of 8-12-34  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. K. McCall M. D.  
Paddock Mo. (Address)

