

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.

FEB 2 1 1935

3028

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo (No.)

Registration District No.
Primary Registration District No. 1003

File No.
Registered No. 260
St. Ward)

2. FULL NAME

(a) Residence, No. ment, Hubbard
(Usual place of abode) 4825 (near) Franklin 21 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>7</u>	<u>19</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Greeny Store</u>
	10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Delaware

13. NAME Frank Hubbard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

15. MAIDEN NAME Cornelia Mc Law

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

17. INFORMANT (ADDRESS) Mrs. Grace Barry Isolation Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Cemetery DATE Jan 8-1935

19. UNDERTAKER (ADDRESS) Bessie Nieland 1138 N. 6th St

20. FILED Jan 8 1935 J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1935 to Jan 6 1935
last saw him alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 11:25 A.M.

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

Non Epidemic
Meningitis
Bronchopneumonia
Septic

Other contributory causes of importance:
None

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury..... 19.....
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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) John Eschlebrener, M. D.
(Address) ISOLATION HOSPITAL

