

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

Do not use this space.

JAN 16 1936

1. PLACE OF DEATH

County Howell  
Township Silsam  
City St. Louis (No.       )

Registration District No. 11  
Primary Registration District No.       

File No. 39416  
Registered No.        Ward       

2. FULL NAME Nettie Stubbs

(a) Residence, No.        St.        Ward.         
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 x1 x11

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

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) 1930 11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo.

13. NAME Theresa Collins

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

15. MAIDEN NAME Pit Jones

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

17. INFORMANT (ADDRESS) Lena Collins

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Dec 3 1935

19. UNDERTAKER (ADDRESS)       

20. FILED Dec 30 1935 - Cammie Huffy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to Dec 22 1935  
I last saw him alive on about Oct 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of right arm. Date of onset       

Other contributory causes of importance:       

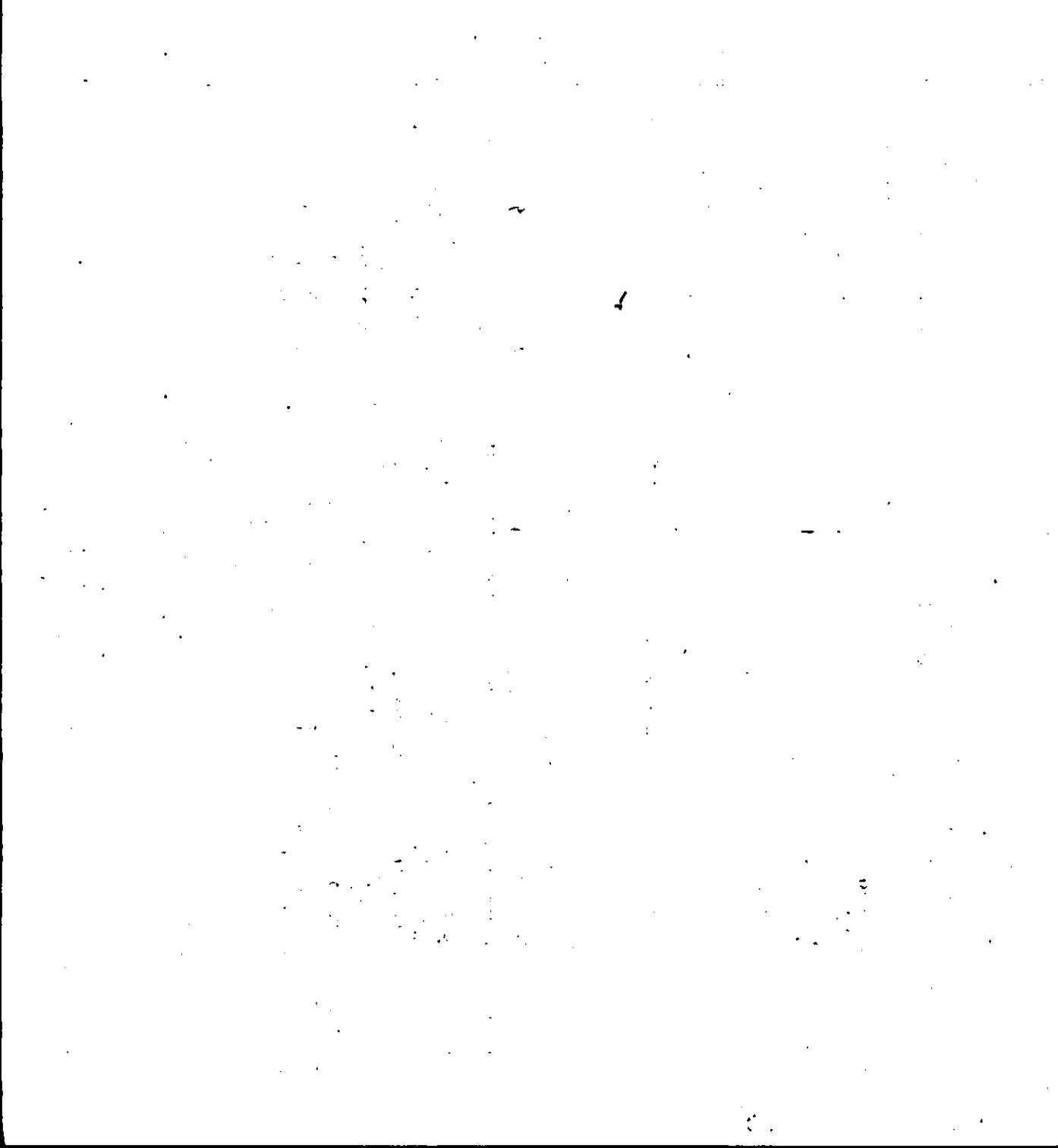
Name of operation Removal Date of Aug 7 1935  
What test confirmed diagnosis? stomach Was there an autopsy? Yes

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) C. R. Keen  
(Address) 4 Evans Ave. St. Louis

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.



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1. PLACE OF DEATH *Howell*  
 County *Howard* Registration District No. *11 10*  
 Township *Silvan* Primary Registration District No. *3541*  
 City (No. St. Ward)

2. FULL NAME *Nettie Steub*  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*

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. *11*

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 22 1935*

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

**SUPPLEMENTARY**

OCCUPATION

Date of onset

Other contributory causes of importance:

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED *Dec 30 1935* *Cammie Duffy* Registrar.

Name of operation Date of

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

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) *E. P. Keen*, M. D.  
 (Address) *West Plains mo.*

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.

S-39416