

DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 736 File No. 38777
Township Prussia Primary Registration District No. 4435 Registered No. 14
City Clark (No.) St. Ward

2. FULL NAME

James E. Hubbard
(a) Residence, No. Clark, Mo. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 93 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 Male 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 Mary Butts,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7-1843
7. AGE YEARS 93 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, Merchant Banker.
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) Randolph Co. (STATE OR COUNTRY) Mo.

13. NAME Flemming Ballew Hubbard

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

15. MAIDEN NAME Harriett Crews,

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

17. INFORMANT J. B. Hubbard (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chappel Grove. DATE Oct 8th -36

19. UNDERTAKER Snow Funeral Home, (ADDRESS) Moberly, Mo.

20. FILED Oct 9 1936 J. B. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3-1936, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1936, to Oct 3rd, 1936
I last saw him alive on Oct 3rd, 1936. Death is said to have occurred on the date stated above, at 9.15 P.M.
The principal cause of death and related causes of importance were as follows:

Dysentery.
Date of onset
Other contributory causes of importance:
Infernal fage

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 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?

If so, specify
(Signed) R. Wood M. D.
(Address) Clark 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.

