

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

Do not use this space.

MAY 31 1937

17600

1. PLACE OF DEATH
 90 County St. Louis Registration District No. 790
 2 Township St. Louis Primary Registration District No. 60339
 7 City Clayton (No. St. Louis Co. Hosp. 1) Registered No. 167
 Emma Hubbard St. _____ Ward _____
 2. FULL NAME Rayburn Ave., Kirkwood, Mo.
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred life mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX fem 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Hubbard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1877

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
<u>59</u>		<u>5</u>	<u>5</u>	

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
 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) Missouri
 13. NAME Gordon Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
 15. MAIDEN NAME Jennie Gray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
 17. INFORMANT husband
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE father's plot DATE 5/15, 1937
 19. UNDERTAKER J. C. Roney
 (ADDRESS) Webster St. Kirkwood
 20. FILED 573 1937 Dr. J. J. Agnelli
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1937
 22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 30, 1937
 I last saw her alive on April 30, 1937. Death is said to have occurred on the date stated above, at 11:00 A.M.
 The principal cause of death and related causes of importance were as follows:
1. Chronic Myocarditis
& General arteriosclerosis
& Hypertension
 Date of onset 2-23-37
 Other contributory causes of importance:
2. Stage Fibroid of uterus
 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) J. J. Agnelli M. D.
 (Address) St. Louis County Hospital, Clayton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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