DEC 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 41868

Township Mason — Primary Registration District No. 3079 — Registered No. 350

City Hannibal (No. Levering Hospital St. 6 Ward)

2. FULL NAME Frank Nash Hubbard

(a) Residence, No. 419 N. 3rd St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 73 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katie Hubbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27-1864

7. AGE: 73 YEARS, 8 MONTHS, 28 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Hannibal Mo

FATHER

13. NAME: John Hubbard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Mary Nash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo.

17. INFORMANT (ADDRESS): Joseph Hubbard Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE Nov. 4 1937

19. UNDERTAKER (ADDRESS): Roy L. Schwab Hannibal Mo.

20. FILED Nov 30 1937 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 25 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25-1937 to 11-25-1937

I last saw him alive on 11-24 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

	Date of onset
Myocarditis	
93	

Other contributory causes of importance: Hypertrophy Prostate

Name of operation: Prostatectomy Date of 11-24-37

What test confirmed diagnosis? op — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) [illegible] Hardesty, M. D.

(Address) Hannibal 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.