

JAN 25 1938

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

Do not use this space.

46143

1. PLACE OF DEATH

County Wayne
Township Carban
City..... (No..... St..... Ward)

Registration District No. 899
Primary Registration District No. 6196

File No. 17105
Registered No.....

2. FULL NAME

Jacob Emose Clubb
(a) Residence, No. Bark St.,..... Ward.

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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 49 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Roads
Wayne Co. Mo.

MOTHER FATHER 13. NAME Joseph Anthony Clubb

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

MOTHER 15. MAIDEN NAME Mary Ellen Bark

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

17. INFORMANT Alma Clubb
(ADDRESS) Bark Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads DATE July 3 1937

19. UNDERTAKER Coy H. ...
(ADDRESS) Greenville Mo

20. FILED 1/3 1938 J. F. Gaudin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937, to July 1 1937

I last saw h. alive on Feb 15 1937. Death is said to have occurred on the date stated above, at 8 a. m.

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

Pulmonary T. B. Date of onset 7/19/37

Other contributory causes of importance:

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) O. A. Myerson M. D.

(Address) Greenville, 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.

