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.

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

Do not use this space.

2/1

1. PLACE OF DEATH

46 County Howell — Registration District No. 384 — File No. 2933

Township — Primary Registration District No. 4227 — Registered No.

3 City West Plains (No. Christa, Hogan Hospital St. Ward)

2/1 FULL NAME Florence McCubbins 215

(a) Residence, No. St., Ward. Mountain View, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
25		25	

OCCUPATION

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. Home

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) Stover, Mo.

FATHER

13. NAME A. P. McCubbins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles, Mo.

MOTHER

15. MAIDEN NAME Augusta Meiwald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp, Mo.

17. INFORMANT A. P. McCubbins
(ADDRESS) Mt. View, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. View, Mo. DATE Jan. 10, 1938

19. UNDERTAKER John Duncan
(ADDRESS) Mt. View, Mo.

20. FILED 1-7, 1938 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1938, to January 7, 1938

I last saw her alive on January 6, 1938 Death is said to have occurred on the date stated above, at 6 A. m.

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

	Date of onset
Extensive burns involving 3/4 of body	1/6/37

Other contributory causes of importance:

Name of operation None 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? Accident Date of injury 1/6, 1938

Where did injury occur? Mt. View, Howell Co., Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home (stove

Manner of injury Clothing caught fire from

Nature of injury Extensive burns on body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. D. Simon, M. D.

(Address) West Plains, Mo

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