

REGD SEP 26 1936

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

30223  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
(b) Township Center Primary Registration District No. 3039 Registered No. 197  
(c) City Nevada (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Huldah B. Hubbs 120

(a) Residence, No. 720 South Cedar St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 H. D. Hubbs  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1868  
7. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min. 70 2 8  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Ninnessee, Missouri  
(STATE OR COUNTRY)

FATHER 13. NAME O. P. Beckman  
14. BIRTHPLACE (CITY OR TOWN) Tenniessee  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Brake  
16. BIRTHPLACE (CITY OR TOWN) Buckhorn, Illinois  
(STATE OR COUNTRY)

17. INFORMANT H. D. Hubbs  
(ADDRESS) Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL Deepwood Cem. DATE Aug 5, 1938

19. FUNERAL DIRECTOR Lerry Lumbal Home  
(ADDRESS) Nevada, Mo

20. FILED 872 1938 Allen T. Bays  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938 to Aug 3, 1938  
I last saw her alive on Aug 3, 1938 Death is said to have occurred on the date stated above at 6:15 pm.

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

Cerebral Hemorrhage Aug 2, '38  
g2 pt

Other contributory causes of importance:

Hypertension Don't Know

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_

(Signed) M. D. Love M. D.  
Nevada, Mo  
79 (Address)

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.

RECEIVED  
District Health Officer No. 7  
District File Number 7/254-114  
Date Filed 9/15/39

STATEMENT BY LICENSED EMBALMER

I, Lloyd B. Winscott, Licensed Embalmer No. 3857

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lloyd B. Winscott  
Licensed Embalmer No. \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)