

1938 OCT 25

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

Do not use this space.

1. PLACE OF DEATH

County Marion  
Township Mason  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3029  
(No. 1116 Park)

File No. 32751  
Registered No. 245  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Robert Hubb

(a) Residence, No. 1116 Park Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

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 Minnie Hubb  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
75 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker  
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) May 1, 1922 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

13. NAME Jacob Hubb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mrs. Hubb 1116 Park Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 9/20/38 19.

19. UNDERTAKER (ADDRESS) Smith Funer al Home Hannibal Missouri

20. FILED Sept 22, 38 A. V. Shaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Sep 19, 1938  
I last saw him alive on Sep 16, 1938. Death is said to have occurred on the date stated above, at 6:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset about 1936

Other contributory causes of importance:

Softening of brain

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? \_\_\_\_\_ 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.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) A. L. Shaver, M. D.  
(Address) Hannibal Mo

S. Shaver

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

