

DEC'D FEB 27 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County Pike  
Township Pono  
City FrankfordRegistration District No. 688  
Primary Registration District No. 4412File No. 3527  
Registered No. 32. FULL NAME William Hubert(a) Residence No. ....  
(Usual place of abode)

St. .... Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 29 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) Married6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Annabelle Feith Hubert7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July -25 -18578. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 5 299. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 7 years 1 month 11. Total time (years) spent in this occupation 6012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford Missouri13. NAME Joseph Hubert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME Emely Benoit16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France17. INFORMANT Berg Homer Brown  
(ADDRESS) Frankford Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE Jan 25 193919. UNDERTAKER Fields & Son  
(ADDRESS) Frankford Missouri20. FILED Jan 28 1939 Matthie Unsell  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 193922. I HEREBY CERTIFY That I attended deceased from Jan 22 1939 to Jan 23 1939I last saw deceased alive on Dec 17 1928. Death is said to have occurred on the date stated above, at 2:30 m.

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

Senile dementia

Date of onset

Other contributory causes of importance: 162

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. W. Eastman M. D.(Address) Frankford, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X391

RECEIVED

District Health Officer No. 10

District File Number 10-39-149

Date Filed FEB 14 1939