N 11 1939 DEC 1 JAN 13 1939

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

3936
Do not use this space.

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.

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**1. PLACE OF DEATH**

(a) County Saint Louis — Registration District No. 784

(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 51

(c) or City ~~Jefferson Barracks~~ — (d) Street No. Veterans Hospital St. (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 Unkn yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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**2. PRINT FULL NAME** James HUBBARD

(a) Residence, No. 3739 Windsor Avenue, Saint Louis St. Missouri
(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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ida Hubbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1, 1896

7. AGE: Years 42 — Months 10 — Days 7 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Plasterer
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) (STATE OR COUNTRY): Foreman, Arkansas. 1

FATHER
13. NAME: J. K. Hubbard 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Not known 9

MOTHER
15. MAIDEN NAME: Cora Wilkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known Not known

17. INFORMANT (ADDRESS): Clinical Clerk, VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mylanie Okla DATE 1-12- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): 3931 Lucas Hughes Funeral Co

20. FILED JAN 11 1939 T. R. Meyer MD DPH Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1938, to January 8, 1939
I last saw him alive on January 8, 1939. Death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial pneumonia, complicated with lung abscess, right upper lobe. | 12/10/38 |

1092

Other contributory causes of importance:

| | |
|---|---|
| Chronic Bronchial asthma. | 1918 |
| Acute bronchitis. | 12/10/38 |

Name of operation: None — Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory — 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? .....
If so, specify .....
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
7-7 (Address) VAF., Jefferson Barracks, Mo.

B.C. (Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me Louis V. Atkins, Registered Apprentice, No.....

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**