

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.

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

Do not use this space.

FILED FEB 15 1940

93 1. PLACE OF DEATH *St. Clair* 2
 County *St. Clair* Registration District No. *766*
 Township *Springdale* Primary Registration District No. *446 + 6011*
 City (No. _____) St. _____ Ward _____
 2. FULL NAME *Egna A Hubbard*
 (a) Residence, No. _____ 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.

File No. **3588**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec-16-1939</i>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>none</i>
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo O</i>		
13. NAME <i>Egna Hubbard</i> <i>O</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cedar Co. Mo O</i>		
15. MAIDEN NAME <i>Mary Richardson</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cedar Co. Mo</i>		
17. INFORMANT <i>Egna Hubbard</i> (ADDRESS) <i>Bedonko Springs, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oger, Mo</i> DATE <i>12-22-39</i>		
19. UNDERTAKER <i>Wm. Sanders</i> (ADDRESS) <i>Cedar Springs, Mo</i>		
20. FILED <i>Feb. 2, 1940</i> <i>Mrs. A. B. Goodrich</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec-21-1939*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 16, 1939*, to *Dec-21, 1939*
 I last saw him alive on *Dec-7, 1939*. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Branch Pneumonia
Primary
 Date of onset _____

Other contributory causes of importance: *unknown*

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? *no* Date of injury *no*, 19____
 Where did injury occur? *no*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*
 Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *no*
 (Signed) *Mrs. Richardson*, M. D.
 (Address) *Springdale, Mo*

RECEIVED

District Health Officer No. 7,

District File Number 2-40-178

Date Filed 2-12-40