FILED JUL 15 1940

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

Do not use this space.

22425

1. PLACE OF DEATH
County Nodaway
Township Jackson
City Ravenwood (No. ..... St. ..... Ward)
Registration District No. 629
Primary Registration District No. 5831
File No. .....
Registered No. .....

2. FULL NAME Ora Hubbel Ona Hubbell
(a) Residence, No. Rural Nodaway Ward. Co. Mo.
(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 Nellie Hubbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1895
7. AGE YEARS 45 MONTHS 4 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Barnard Mo
FATHER
13. NAME James Hubbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard Mo
MOTHER
15. MAIDEN NAME Ema Beal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard Mo
17. INFORMANT (ADDRESS) James Hubbell Ravenwood
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ravenwood DATE July 5, 1940
19. UNDERTAKER (ADDRESS) N. Long Ravenwood 560
20. FILED July 6, 1940 Grace Buholt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1940
22. I HEREBY CERTIFY, That I attended deceased from July 2, 1940, to July 3, 1940
I last saw him alive on July 3, 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Date of onset
941
Other contributory causes of importance:
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? no
If so, specify .....
(Signed) R. G. Garten, M. D.
(Address) Sheridan Mo

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

WHITE VERNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 11
District File Number 740-1195
Date Filed JUL 11 1940