

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

Do not use this space.

25229

1. PLACE OF DEATH

County Howell Registration District No. 1110
Township Siloam Spgmo Primary Registration District No. 5541
City (No.) St. Ward

File No.
Registered No. 6 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Stubbs
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16, 1864
7. AGE YEARS 77 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1941
22. I HEREBY CERTIFY that I attended deceased from July 17 to July 20, 1941
I last saw him alive on July 17, 1941. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

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

Eudocarditis and Nitral insufficiency
Date of onset
92
Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.
13. NAME Albert Stubbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk- Ill.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk- Ill.

Name of operation Date of
What test confirmed diagnosis? Espan 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
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Luey Goss Siloan Spgmo
18. BURIAL, CREMATION, OR REMOVAL PLACE North Cemetery DATE July 21
19. UNDERTAKER (ADDRESS) Neighbors
20. FILED 7/21 1941 Mrs Gladys Foster Registrar.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify R. A. Sparks, M. D.
(Signed) West Plains
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH.State File No. 25-229
Registrar's No. 6Registration District No. 1110Primary Registration District No. 5541

1. PLACE OF DEATH:

- (a) County Howell
 (b) City or town Silvan Spg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT
FULL NAMEJoseph Stubbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name _____
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) 9-17-41 (b) Mrs Gladys Foster
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howell
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles west Silvan Spg
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Year 1941 Hour _____ Minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____
 that I perceived him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

- Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (b) Did injury occur in or about home, on farm, in industrial place, in public place?

 (Specify type of place)
 While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

