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

FILED AUG 29 1941

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

Do not use this space.

28478

1. PLACE OF DEATH
County Howell
Township Siloam Spgs
City ..... (No. ..... St. ..... Ward)

Registration District No. 1110
Primary Registration District No. 5541

File No. .....
Registered No. 6

2. FULL NAME Joseph Stubbs

(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 76 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)~~: widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Elizebeth 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.

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) Unknown Illinois

FATHER
13. NAME Albert Stubbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Illinois

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Lucy Goss Siloam Spgs

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Horton Cemetery DATE July 21, 1941

19. UNDERTAKER (ADDRESS) Neighbors

20. FILED 7-21, 1941 Mrs Gladys Foster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1941

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1941, to July 20th, 1941
I last saw him alive on July 17th, 1941. Death is said to have occurred on the date stated above, at 6:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis and	
Mitral insufficiency	

Other contributory causes of importance:
arteriosclerosis gr B

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination 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? No
If so, specify .....
(Signed) R. H. Sparks M. D.
(Address) West Plains, Mo.

RECEIVED
District Health Officer No. 5,
District File Number 8411843
Date Filed

S-25229

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28478

Registration District No. 1110 Primary Registration District No. 5541 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Siloam Springs
(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 years, months or days)
In this community

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 on Hy 14
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph 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 Jan (Month) 16 (Day) 1864 (Year)
8. AGE: Years 77 Months 6 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 10-9-41 (Date received local registrar) (b) Mrs Gladys Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

	Duration
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-25229