

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

Do not use this space.

10412

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.

DR 24 1929

**1. PLACE OF DEATH**

County Way Registration District No. 347  
 Township Leesville Primary Registration District No. 5501A  
 City (Name) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 44  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** America E 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis J. Hubbard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, _____ hrs.	or _____ min.
	<u>61</u>	<u>11</u>	<u>20</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housekeeping  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co - Mo

10. NAME OF FATHER Andrew Vanhousen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tennessee

12. MAIDEN NAME OF MOTHER Jane Dukes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Viola Dentrey (Address) Coal - Mo

15. FILED Mar. 16 1929 Dr. E. C. Peeler REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 1929

I HEREBY CERTIFY, That I attended deceased from Mar 8, 1929, to Mar 8, 1929.  
 That I last saw h. 27 alive on Mar 8, 1929, and that death occurred, on the date stated above, at 9 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Stroke apoplexy  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 CONTRIBUTORY (SECONDARY) 7401  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

18 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY: \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. C. Banta, M. D.  
 , 19 (Address) Coal, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebo Cemetery DATE OF BURIAL 3/10 1929

20. UNDERTAKER Spore & Son ADDRESS Clinton

