

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

Do not use this space.

1. PLACE OF DEATH

County Henny  
Township Leesville  
City Coal Mo. T.P.D. #1 (No. ....)

Registration District No. 347  
Primary Registration District No. 5501A

28096  
File No. ....  
Registered No. 86  
St. .... Ward)

2. FULL NAME

Willis L. Hubbs  
(a) Residence. No. Leesville, Mo., 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.

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 Husband, Jamie Evans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1882 - Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
79 Don't know

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(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)

Mo.

PARENTS

10. NAME OF FATHER James Hubbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT P. W. Hubbs  
(Address) Calhoun, Mo.

15. FILED 8/14, 1931 Ed C. Peeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1931, to Aug 12, 1931.  
that I had saw ~~him~~ her alive on Aug 11, 1931, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS

Acute Indigestion

CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

( ) DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. A. Peeler, M. D.

, 19 (Address) Calhoun 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 Mt. Olivet in DATE OF BURIAL 8/14 1931

20. UNDERTAKER Henry Co. ADDRESS Lincoln Mo.  
Jack Colbert

