

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton, Mo. (No. St. Ward)
 File No. 27312
 Registered No.

2. FULL NAME Sarah Helen Fincks Hubbard
 (a) Residence, No. North Water St. Clinton 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 Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND or (OR) WIFE OF Sladimir Fayett Hubbard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
70 11 3
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
 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) 7/19/37 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota
 13. NAME Liza Fincks
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME Hanna Bull
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT S. L. Hubbard
 (ADDRESS) North Water St. Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 19
 19. UNDERTAKER Cassulus & Peak
 (ADDRESS) Clinton Mo
 20. FILED 7-24 1937 J. R. Hampton
 Registrar.

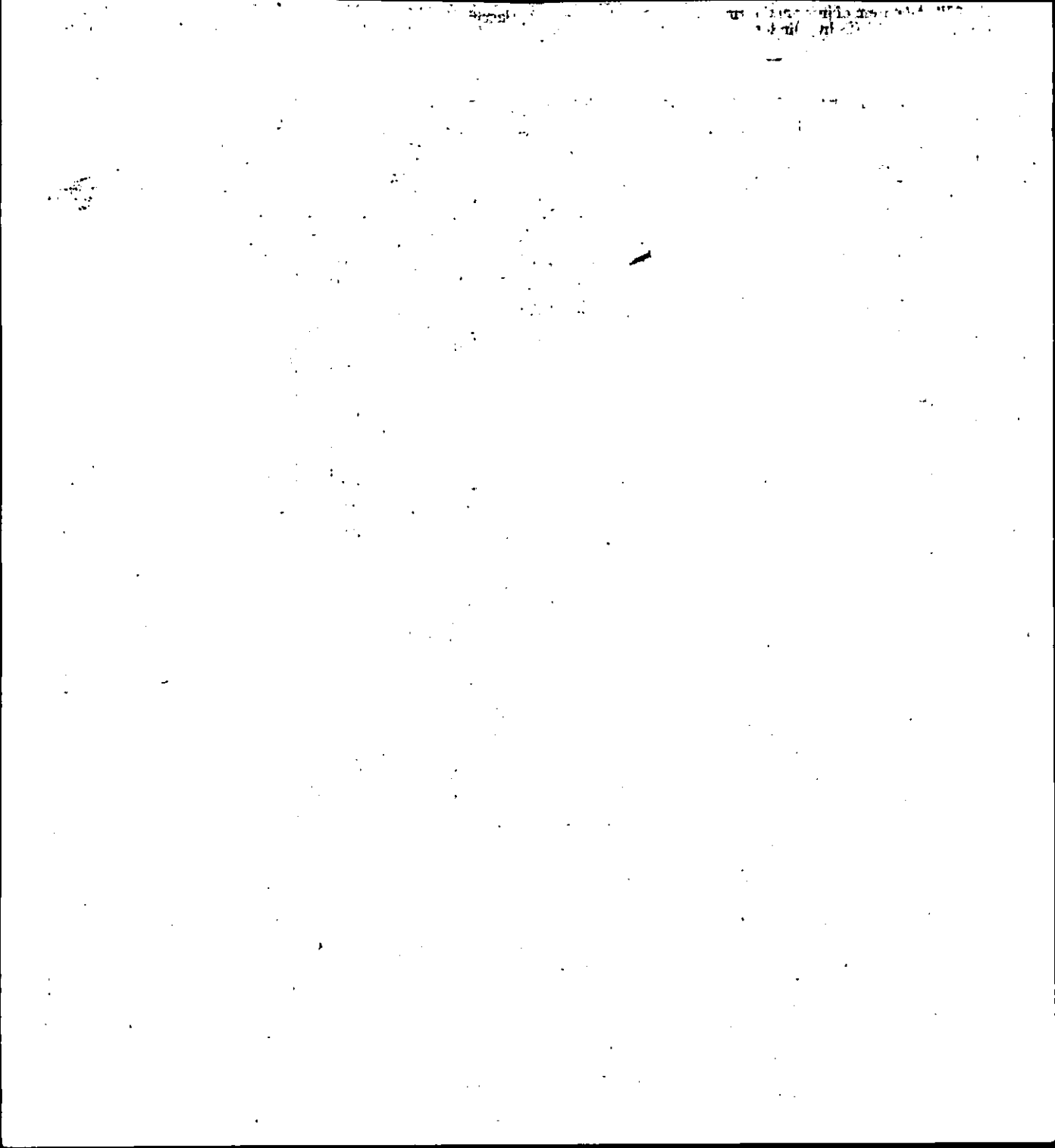
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1937
 22. I HEREBY CERTIFY, That I attended deceased from 7-14 1937, to 7-17 1937
 Last saw her alive on 7-16 1937 Death is said to have occurred on the date stated above, at 12³⁰ a. m.
 The principal cause of death and related causes of importance were as follows:
Asperger
 Date of onset 7-16-37
 Other contributory causes of importance Cerebrovascular
 Name of operation none Date of
 What test confirmed diagnosis Smear 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) E. C. Cello, M. D.
 (Address) Clinton 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.

10/10/2010

10/10/2010



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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. 27312
 Township _____ Primary Registration District No. 3018 Registered No. _____
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Helen Peck's Hubbard

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Married)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>11</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 7-18-1937

19. UNDERTAKER J. Crossley & Peck (ADDRESS) Clinton Mo

20. FILED 7-24 1937 J. B. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

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? _____

If so, specify _____
 (Signed) E. C. Peeler _____, M. D.
 (Address) Clinton Mo

SUPPLEMENTARY

CAUSE OF DEATH... terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

S-27312