

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

Do not use this space.

42364

1. PLACE OF DEATH
 County St. Francois Registration District No. 775
 Township Perry Primary Registration District No. 6020-A
 City Bonne Terre Mo (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Henry Hubbard
 (a) Residence, No. Bonne Terre Mo. 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

MEDICAL CERTIFICATE OF DEATH

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 Ada Hubbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>9</u>	<u>29</u>	

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

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) Iron Mountain Missouri

13. NAME Thomas Hubbard

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

15. MAIDEN NAME Jane Tripp

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

17. INFORMANT (ADDRESS) Mrs. Carl Zinkens
Bonne Terre Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Murphy Cemetery Nov. 29, 1936

19. UNDERTAKER (ADDRESS) Berkman Steel Co.
Bonne Terre Mo.

20. FILED No. 29, 1936 N.W. Hawkins
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1936

22. THEREBY CERTIFY, That I attended deceased from Nov 27, 1936 to Nov 27, 1936
 I last saw h. live on Nov 27, 1936 Death is said to have occurred on the date stated above, at 9:58 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage (Apoplexy) (Date of onset Nov 27, 1936)
Cardio-vascular disease 1934!

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (accident, fall, etc.) 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 interior, 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) N.W. Hawkins, M. D.
 (Address) Bonne Terre, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

