

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

Do not use this space.

2953

1. PLACE OF DEATH

14 County Franklin
Township Paris
City Near Bonhomme, Mo. (No.)

Registration District No. 775
Primary Registration District No. 6070

File No.
Registered No. 7
St. Ward

2. FULL NAME

Melvin Monte Hubbard

(a) Residence, No. St. Ward.
(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. (If nonresident give city or town and State)

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 Mary Ann Hubbard
(OR) WIFE OF

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

March 16 - 1876

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
56	9	28	

8. OCCUPATION OF DECEASED

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

Farmer 310

(b) General nature of industry, business, or establishment in which employed (or employer)

17.5
17.1

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Jefferson County

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Joseph A. Hubbard

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Janie J. Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT (Address)

Mrs M M Hubbard
Bonhomme, Mo

15.

FILED

1/16 1933

T. C. Son

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 14 1933

17.

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933, to Jan 14, 1933
that I last saw him alive on Jan 7, 1933, and that death occurred, on the date stated above, at 7:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malaria fever - &
abscess liver.

CONTRIBUTORY (SECONDARY)

Acute appendicitis
Operated -

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... Home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 22

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chest & Heart

(Signed) Rappley, M. D.

1-11, 1933 (Address) Sanctuary, 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

Free River Church

DATE OF BURIAL

1/16 1933

20. UNDERTAKER

Bonham & Co

ADDRESS

Paris, 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.

