

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

Do not use this space.

JAN 18 1936

40565

1. PLACE OF DEATH

County Perry
 Township St Marys
 City _____ (No. _____)

Registration District No. 663
 Primary Registration District No. 5881

File No. 15
 Registered No. 15
 St. _____ Ward _____

2. FULL NAME

(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)

Joseph Huber Jr.

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 Blanche Huber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1887

7. AGE YEARS 48 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Perry Co

13. NAME Joseph Huber Sr.

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

15. MAIDEN NAME Matilda Wirth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co

17. INFORMANT Mrs Joseph Huber (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE 12/20, 1935

19. UNDERTAKER Young & Fenwick Und Co (ADDRESS) Perryville Mo

20. FILED 12 19, 1935 Ray J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1935, to Dec 18, 1935

I last saw him alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Influenza
Lobar pneumonia
 Date of onset 12-6-35

Other contributory causes of importance:
Influenza

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 _____, 1935

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) Geo. A. Playlock, M. D.

(Address) Perryville, 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.

