

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

Do not use this space.

26 1929  
83

25-492<sup>B</sup>  
File No. \_\_\_\_\_  
Registered No. 25- \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Platte Registration District No. 696  
Township Fair Primary Registration District No. 5925  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_

2. FULL NAME Jasper N. Stubbs  
(a) Residence No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74      X      2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 12 July, 1929 to July 16, 1929 that I last saw h. live alive on July 15, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jesse Stubbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Lucinda Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nashville (STATE OR COUNTRY) Tennessee

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) Jas. M. Hale M. D. 7/16, 1929 (Address) Deerborn 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.

14. INFORMANT John Stubbs (Address) Barnden Point

15. FILED 8-11-29 May B. Knight REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Barnden Point Cem. DATE OF BURIAL July 18 1929

20. UNDERTAKER Lucian Davis Deason ADDRESS Mo.

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PARTICULARS SHOULD BE PROPERLY CLASSIFIED. SO THAT IT MAY BE PROPERLY CLASSIFIED.

