

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township 15th  
City Hannibal

Registration District No. 303  
Primary Registration District No. 1001  
217 W. 34th St.

File No. 13454  
Registered No. 1001  
St. Mo. Ward 5

**2. FULL NAME**

(a) Residence. No. 217 W. 34th St. St. Mo.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Regina Huber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 29, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 | 0 | 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Bookkeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Godfrey Huber

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

12. MAIDEN NAME OF MOTHER Gertrude Gutz

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

14. INFORMANT Mr. H. Huber, J.W.  
(Address) 217 W. 34th St.

15. FILED 4-29-28 M. M. Carouge  
REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 20 19 28

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1928, to April 20 1928 (that I last saw h. h. h. alive on Mar 20 1928, and that death occurred, on the date stated above, at 7:45 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hypertrophic Cirrhosis of Liver

CONTRIBUTORY (SECONDARY) 1911

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray

(Signed) George C. Bee, M. D.  
420 1928 (Address) 1002 Boyle Bldg

\*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 Ripton Mo DATE OF BURIAL Apr 20 19 28

20. UNDERTAKER A. J. DEHNER MORTUARY ADDRESS City

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.

1002 Argyle Bldg

