

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

Do not use this space.

4538

75

1. PLACE OF DEATH

County Dunklin Registration District No. 283
 Township Buffalo Primary Registration District No. 4167
 City Casswell (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Elic Dubar

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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

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 Nettie Dubar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Mose Dubar

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

12. MAIDEN NAME OF MOTHER Mary Crain

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

14. INFORMANT J. M. Anderson
 (Address) Casswell Mo

15. FILED 7/9th 1930 J. H. Dawson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-8-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-8-1930, to 2-8-1930, that I last saw him alive on 2-8-1930, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malarial Intermittent

38 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 5
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Bass, M. D.
 (Address) Casswell 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

DATE OF BURIAL

Truce Cemetery 7-9-1930

20. UNDERTAKER

ADDRESS

Haworth & Anderson Casswell Mo

X. 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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

MAR 25 1930

237
2
31

