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Agency Information

AGENCY : HSCA  
RECORD NUMBER : 180-10078-10273  
  
RECORD SERIES : NUMBERED FILES  
  
AGENCY FILE NUMBER : 009177

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Document Information

ORIGINATOR : DALLAS HEALTH DEPARTMENT  
FROM :  
TO :  
  
TITLE :  
  
DATE : 08/04/1976  
PAGES : 1  
  
SUBJECTS :  
HUBBARD, BOBBY  
  
DOCUMENT TYPE : OTHER TEXTUAL  
CLASSIFICATION : Unclassified  
RESTRICTIONS : Open in Full  
CURRENT STATUS : Redact  
DATE OF LAST REVIEW : 07/22/1993  
  
OPENING CRITERIA :  
  
COMMENTS : Death certificate. Box 169.

Released under the John F. Kennedy Assassination Records Collection Act of 1992 (44 USC 2107  
note). Case#:NW 55323 Date: 02-01-2013

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF DALLAS,  
THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT  
RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS

ISSUED: APR 19 1978

*Johnnie P. Willis*  
LOCAL REGISTRAR  
DALLAS HEALTH DEPARTMENT

009177

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY <b>DALLAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>TEXAS</b> b. COUNTY <b>DALLAS</b>			
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>DALLAS</b>		c. LENGTH OF STAY a. b. <b>DALLAS</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>DALLAS</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>PARKLAND MEMORIAL HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>724 N. DENVER</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>COBB</b>		4. DATE OF DEATH <b>AUGUST 4, 1976</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIAGE STATUS Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic opr. SPRING MFG.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SPRING MFG.</b>		8. DATE OF BIRTH <b>FEB. 4, 1943</b>	
11. BIRTHPLACE (State or foreign country) <b>TEXAS</b>		9. AGE (In years last birthday) <b>33</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Willie Delbert Hubbard</b>		14. MOTHER'S MAIDEN NAME <b>Maggie Tolison</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES Vietnam</b>		16. SOCIAL SECURITY NO. <b>467-64-6713</b>		17. INFORMANT <b>Vatny Sue Hubbard</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>CNS Metastasis</b> DUE TO <b>Carcinoma of Lung</b> DUE TO (a) _____ DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ AM _____ PM _____					
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I hereby certify that I attended the deceased from _____ to _____ and last saw the deceased alive _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James E. Wilson</i>		22b. ADDRESS <b>Dallas, Texas 6201 WOODLINES</b>		22c. DATE SIGNED <b>8-18-76</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>8-6-76</b>		23c. NAME OF CEMETERY OR CREMATORY <b>LAUREL LIND</b>	
23d. LOCATION (City, county) <b>Dallas Texas</b>		23e. FUNERAL DIRECTOR'S SIGNATURE <i>LAMAR SMITH</i>			
25a. REGISTRAR'S FILE NO. <b>5810</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>AUG 26 1976</b>		25c. REGISTRAR'S SIGNATURE <i>Johnnie P. Willis</i>	

signature of witness

signature of investigator