

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

Do not use this space. **1928**
55
42251-1873

1. PLACE OF DEATH
 County St. Francois Registration District No. 33
 Township Randolph Primary Registration District No. 6024B
 City Leadwood (No.) St. Ward)
 2. FULL NAME William F. Jabucke
 (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. ds. 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
 x 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alpha Atchison Jabucke
 x 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1873
 7. AGE 55 YEARS MONTHS 3 DAYS 22 IF LESS than 1 day, ... hrs. or ... min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Shoe worker
 (b) General nature of industry, business, or establishment in which employed (or employer) Shoe repair
 (c) Name of employer Self

x 9. BIRTHPLACE (CITY OR TOWN) Germany Mackinac Island (STATE OR COUNTRY)
 x 10. NAME OF FATHER Fredrick Jabucke
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)
 x 12. MAIDEN NAME OF MOTHER Anglo Kiselak
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT Mrs Wm Jabucke (Address) Leadwood Mo

15. FILED 173 19 28 W E Acheson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 1 1928
 17. I HEREBY CERTIFY That I attended deceased from Sept - 1928, to Dec - 1 1928 that I last saw him alive on Dec 1 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of face
50 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug - 1928
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chin Micros.
 (Signed) W E Acheson M. D.
172, 19 28 (Address) Leadwood 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 Tarkview Cem DATE OF BURIAL 173 19 28

20. UNDERTAKER J. S. Boyer ADDRESS Leadwood

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.

WHILE PRINTING, WITH UNFOLDING MARKS—THIS IS A PERMANENT RECORD

