

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

Do not use this space.

10090

1363

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 2512 East 11th Street)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Luke Dobel

(a) Residence No. 2512 East 11th Street St. 9 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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 Widower
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ellen J. Dobel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 15th, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 5 20

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

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

10. NAME OF FATHER James Dobel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No Data
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Walter B. Dobel
(Address) 2512 East 11th Street

15. FILED 3-24-31 1931 M. M. Crause REGISTRAR
ant

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20th, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928 to Mar. 20, 1931, that I last saw him alive on Mar. 20, 1931, and that death occurred, on the date stated above, at 12:25 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infection
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Q
(Signed) J. J. Sumner, M. D.

3-21-31 (Address) 336 Fairway

*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 St. Mary's Cemetery DATE OF BURIAL 3/23/ 1931

20. UNDERTAKER W. F. Mayberry ADDRESS Kan. City Mo

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.

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