

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

Do not use this space.

20633

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 648 St. _____ Ward _____

2. FULL NAME Jacob Frank Kobett

(a) Residence, No. 222 1/2 Illinois Ave. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1904		
7. AGE YEARS 27	MONTHS 3	DAYS 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) June 20, 1931		11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

13. NAME Jacob Kobett

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Rositzke

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

17. INFORMANT Ernest F. Kobett
(ADDRESS) 212 1/2 Ill. Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE June 23, 1931

19. UNDERTAKER H.C. Sidenfaden
(ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED JUN 22 1931 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1931

22. I HEREBY CERTIFY, That I ^{visited on} attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured skull Date of onset

2:10 M

Other contributory causes of importance:

Name of operation 77.07E Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? 77.0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/20, 1931

Where did injury occur? High way 71 - Buchanan
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Questioned car

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? 77.0

If so, specify _____

(Signed) B.W. Taddler - Coroner

(Address) 821 Asanieris

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.

III 22 1931

THIS IS A PERMANENT RECORD

