

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

Do not use this space.

27839

**1. PLACE OF DEATH**

County Cole  
Township Asage  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 1158  
Primary Registration District No. 5296a

File No. 19  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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.

Louis Lubbering

**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) July 4, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
20 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co., Mo.

13. NAME John Lubbering

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Mo.

15. MAIDEN NAME Catherine Wankam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co., Mo.

17. INFORMANT (ADDRESS) John Lubloff

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Thomas DATE Aug. 4, 1931

19. UNDERTAKER (ADDRESS) Herman Stapp  
Meda. Inst.

20. FILED Aug. 3, 1931 J. Schmidt Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1931

22. I HEREBY CERTIFY, That I 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 \_\_\_\_\_ m.

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

Electrocution  
Killed by lightning

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Accident

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 2, 1931

Where did injury occur? St. Thomas, Mo. (Specify city or town, County, and State)

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

Manner of injury Public place  
Nature of injury lightning

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Edwin Mann M. D.  
(Address) Jefferson 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.

SEP 28 1931

