

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

Do not use this space.

8980

1. PLACE OF DEATH
 County Dooper Registration District No. 724
 Township 1 ml. Mountain Primary Registration District No. 5309
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME John Kobel
 (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1854
 7. AGE YEARS 78 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Raised farm
 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) Switzerland
 13. NAME Ulrich Kobel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 15. MAIDEN NAME Terna Braudt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 17. INFORMANT John Kobel
 (ADDRESS) California mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain Church DATE 3/27 1933
 19. UNDERTAKER Hillhaus & Friedmeyer
 (ADDRESS) California mo
 20. FILED 721 1933 A L Wuesteth
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1933
 22. I HEREBY CERTIFY, That I attended deceased from 3-16 1933 to 3-20 1933
 I last saw him alive on 3-19 1933 Death is said to have occurred on the date stated above, at 11 A.m.
 The principal cause of death and related causes of importance were as follows:
Brown cho pneumonia Date of onset 3-18-33
Influenza 3-16-33
 Other contributory causes of importance:
 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? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A L Wuesteth, M. D.
 (Address) Prague Home mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. B. No. 3

APR 24 1933

P

I

75