

MAY 31 1937

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

Do not use this space.

17237

1. PLACE OF DEATH

Country Petta Registration District No. 668
Township _____ Primary Registration District No. 3232
City Sedalia (No. Bothwell Hosh) St. _____ Ward _____

File No. 141
Registered No. 668

2. FULL NAME

Lola May Kubli
(a) Residence, No. 1400 E. Bway St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John F. Kubli</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 9, 1903</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>2</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California Missouri</u>	
	13. NAME <u>John Alfred Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California Missouri</u>	
	15. MAIDEN NAME <u>Katy Lee Job.</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California Missouri</u>	
	17. INFORMANT (ADDRESS) <u>John F. Kubli Sedalia Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>4-28-37</u>	
	19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros Sedalia</u>	
20. FILED <u>4-28-37</u> <u>James Slack</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1936 to April 26, 1937. I last saw him alive on April 26, 1937. Death is said to have occurred on the date stated above, at 2 p. m.. The principal cause of death and related causes of importance were as follows:
General Prostate
Date of onset _____

Other contributory causes of importance:
Refluxing appendix

Name of operation Prostatectomy Date of 4-28-37
What test confirmed diagnosis? Cancer Was there an autopsy? No

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? No
If so, specify _____ (Signed) Edw. G. Power, M. D.
(Address) 111 W. 4. Sedalia - 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.

