

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

Do not use this space.

20969

1. PLACE OF DEATH JUN 29 1937  
 County Pettis Registration District No. 798  
 Township Hess Creek Primary Registration District No. 6042  
 City Beaman (No. 9) St. 1 Ward

2. FULL NAME Joseph Harrison Kabler  
 (a) Residence, No. Beamon Missouri R. F. St. Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 50 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Kabler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 2 21

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. None  
 10. Date deceased last worked at this occupation (month and year) Aug 15 1935 11. Total time (years) spent in this occupation. 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

13. NAME William Kabler

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Joe Kabler (ADDRESS) Beaman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Feb 23 1937

19. UNDERTAKER (ADDRESS) Hays Stoecklein Co

20. FILED June 15 1937 Pyle Groves Mo Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1937 to Feb 21 1937  
 I last saw him alive on Feb 21 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar) Date of onset 2.16.37  
108  
 Other contributory causes of importance: Senile debility

Name of operation None Date of None

What test confirmed diagnosis? None 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) B.P. Cartwright, M. D.  
 (Address) Hughesville 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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AXE should be stated EXACTLY

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pettis Registration District No. 696  
Township New Creek Primary Registration District No. 5896  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 30969  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Joseph Harrison Kabler  
(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 <u>Male</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>Jessie Kabler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1 1888</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 15 1937</u>	11. Total time (years) spent in this occupation <u>6</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>		
FATHER	13. NAME <u>William Kabler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Joe Kabler</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery</u> DATE <u>Feb 23 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Stays Stoecklein</u>		
20. FILED <u>July 22 1937</u> <u>Flossie Ferguson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 19 1937 to Feb 21 1937  
I last saw him alive on Feb 21 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia (Lobar) Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Senile Debility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) C. P. Castoright, M. D.  
(Address) Highland

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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