

JAN 17 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. E. Mo. (No. 9 & Walnut)Registration District No. 399  
Primary Registration District No. 1002File No. 43986  
Registered No. 4889  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Rudolph Moubler(a) Residence, No. 4600 E 23rd St., \_\_\_\_\_ Ward.

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</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>Bertha</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT 22, 1884</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>1</u>
	DAYS <u>10</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>Wood carver</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	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) <u>Berlin Germany</u>		
FATHER	13. NAME <u>David Moubler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Banks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
17. INFORMANT <u>Manuel Moubler</u> (ADDRESS) <u>K. E. Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Steffield</u> DATE <u>12-5-1937</u>		
19. UNDERTAKER <u>W. E. Lays Funeral Home</u> (ADDRESS) <u>3700 Northland</u>		
20. FILED <u>Dec 5 1937</u> M. M. Grove Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12/2/37</u>	19
22. I HEREBY CERTIFY That I attended deceased from _____, 19____	
I last saw him _____ 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: <u>Coronary thrombosis</u> <u>Chronic myocardial hypertrophy</u> <u>93</u>	
Date of onset _____	
Other contributory causes of importance _____	
Name of operation _____	Date _____
What test confirmed diagnosis? <u>Autopsy</u> Was there an aneurysm? _____	
23. If death was due to external causes (violence, fall 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) <u>[Signature]</u>	_____, M. D.
(Address) <u>[Signature]</u>	_____

