NOV 19 1940

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

Do not use this space.

35174

1. PLACE OF DEATH
County Daviess
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 248
Primary Registration District No. 5 [illegible]

File No. .....
Registered No. .....

2. FULL NAME ROBERT THOMAS KOBER
(a) Residence, No. Davies Co, Mo. Burial 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GRACE KOBER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1901

7. AGE: YEARS 38 | MONTHS 5 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Gallatin Mo

FATHER
13. NAME JOHN Kober
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME EADITH PRODY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Mo

17. INFORMANT (ADDRESS) Grace Kober Altmont Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winston DATE Jan 28 1940

19. UNDERTAKER (ADDRESS) Kate Stroup Winston Mo

20. FILED Jan 15 1940 Mrs J. L. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 25 - 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-11-40, 19..., to 1/25/40, 19...
I last saw him alive on 1/25/40, 19... Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	
Pulmonary Edema	

Other contributory causes of importance: 9512

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) Edward Cruson, M. D.
(Address) Gallatin 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.

X7294

I Virgil V. Stump embalmed body an revere
sub by certificate No. 4074

Virgil V. Stump
4074