

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.

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

Do not use this space.

8980

1. PLACE OF DEATH  
County Cooper Registration District No. 724  
Township 7th Mt. Mansfield Primary Registration District No. 4309  
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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 - 1854</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</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>Switzerland</u>		
13. NAME <u>Ulrich Kobel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Verena Braudt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT <u>John Kobel</u> (ADDRESS) <u>California mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Mansfield Church</u> DATE <u>3/27</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>William &amp; Friedmeyer</u> <u>California mo</u>		
20. FILED <u>727</u> , 19 <u>33</u> <u>A. L. Wuesteth</u> 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  
Influenza  
Date of onset 3-18-33

Other contributory causes of importance:  
Influenza

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

