

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

Do not use this space.

5936

1. PLACE OF DEATH

County Cooper
Township North Montean
City (No.) (Ward)

Registration District No. 224
Primary Registration District No. 5309

File No.
Registered No. 5
St. Ward)

2. FULL NAME

Sophia Kabel
(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 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE of John Kabel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) march 5 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Switzerland

10. NAME OF FATHER

Zaugg

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Switzerland

14.

INFORMANT John Kabel Jr
(Address) California Mo.

15.

FILED 2-12-29 A. B. Murchick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1929

17. I HEREBY CERTIFY That I attended deceased from July 9 1929 to July 10 1929 that I last saw her alive on July 9 1929, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio - Renal Disease

9:10
1008
(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Edgar A. Tibbe, M. D.

2-12-29 (Address) California Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moniteau Ev. Cem DATE OF BURIAL 2-12-29
20. UNDERTAKER C. Albert Hornbeck ADDRESS Prime Home

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.

21 1929

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