

DEC 18 1936

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

Do not use this space.

40782

1. PLACE OF DEATH

County *Boonville*Registration District No. *218*Township *Boonville*Primary Registration District No. *3015*City *Boonville*(No. *St. Joseph Hospital*)

File No. _____

Registered No. *128*

St. _____ Ward _____

2. FULL NAME *John Kubli*

(a) Residence, No. _____

St. _____

Ward. *Sandy Hook MO.*

(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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <i>Maggie Kubli</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 15 - 1862</i>		
7. AGE YEARS <i>74</i>	MONTHS <i>1</i>	DAYS <i>3</i>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*13. NAME *Emanuel Kubli*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*15. MAIDEN NAME *unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*17. INFORMANT (ADDRESS) *Henry Wyss Sandy Hook Missouri*18. BURIAL, CREMATION, OR REMOVAL PLACE *Chappel Cem.* DATE *11-20 1936*19. UNDERTAKER (ADDRESS) *C. Albert Hinbeck Prairie Home Mo*20. FILED *NOV 19 1936* *D. Cooper* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-18 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept 1 1936* to *11-18 1936*I last saw him alive on *11-18 1936* Death is saidto have occurred on the date stated above, at *8:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Ch Vascular Dec of Heart Date of onset *unknown*

Other contributory causes of importance:

Emphysema Myeloid anemia unknown

Name of operation _____ Date of _____

What test confirmed diagnosis *CLINICAL* 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) *A. L. Meredith*, M. D.(Address) *Prairie Home 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.

