

FEB 18 1937

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

Do not use this space.

2395

1. PLACE OF DEATH

County Moniteau
Township Burris Fork
City (No.)

Registration District No. 576
Primary Registration District No. 0774A

File No.
Registered No. 93
St. Ward

2. FULL NAME Ferdinand Frederick Kubli

(a) Residence, No. Russellville, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12th, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 7

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) Jamestown (STATE OR COUNTRY) Missouri

13. NAME Manuel Kubli

14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

15. MAIDEN NAME Martha Early

16. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY)

17. INFORMANT Manuel Kubli (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE De-Foe Cem. DATE , 19

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 1/28, 1937 Jewell W. Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937, to Jan 19, 1937
I last saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 10-15 P.M.

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

Intestinal Influenza Date of onset Jan 10/37

Other contributory causes of importance:

Cardiac collapse Jan 19/37

Name of operation none 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?

If so, specify
(Signed) Edgar A. Kibbe, M. D.
(Address) California Mo.

