

681 PLACE OF DEATH

County Macou

Township or Road Dist. } or

Incorp. Town or Village } or

City Decatur

Registration Dist. No. 578  
Primary Dist. No. 3476

STATE OF ILLINOIS  
Department of Public Health - Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

40852 Registered No. 595-561

ORIGINAL

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2. FULL NAME Louis Joubert

(a) Residence No. 1042 N. Decatur St., Ward 113

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH Feb 16 1842

7. AGE Years Months Days If LESS than 1 day, hrs. OR min.?

8 OCCUPATION OF DECEASED (a) Trade, profession, particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) Retired (c) Name of employer

9. BIRTHPLACE (city or town) Canada

10. NAME OF FATHER Moses Joubert

11. BIRTHPLACE OF FATHER (city or town) Canada

12. MAIDEN NAME OF MOTHER Julia Leedger

13. BIRTHPLACE OF MOTHER (city or town) Canada

14. INFORMANT Mrs Charles McCarroll

Address Decatur Illinois

15. Date Dec. 19 1919

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 18 1919

17. I HEREBY CERTIFY, That I attended deceased from Sept 3 1919, to Dec 18 1919, that I last saw him alive on Dec 18 1919 and that death occurred, on the date stated above, at 1310 B The CAUSE OF DEATH\* was as follows

Atropic cirrhosis of liver  
(Duration) 2 yrs. mos. da.  
Contributory (Secondary)

18. WHERE WAS DISEASE CONTRACTED if not at place of death?

Did an operation precede death? No Date of  
Was there an autopsy? No  
What test confirmed diagnosis?  
(Signed) C. E. Fredette M. D.  
Address 710 West Bldg Decatur Ill  
Date Dec 19 1919 Telephone M. 1103

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

19. PLACE OF BURIAL OR REMOVAL Greenwood Cemetery 20. DATE OF BURIAL Dec. 20 1919

21. UNDERTAKER Manson & McLoon Decatur Ill ADDRESS