

CERTIFICATE OF DEATH

Registered No. 150

1. PLACE OF DEATH. Registration No. 395  
 County of Jackson, Ill. Diet. No. 3276  
 Village of Mankvistown, Ill. \*Friendship Primary \*Friend-Clst. / Dist. No.  
 Street and Number, No. St. Andrews Hospital, Ill. Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

LENGTH OF RESIDENCE WHERE DEATH OCCURRED yrs. mos. ds.

1a. PLACE OF RESIDENCE: STATE Illinois County Perry Township Road Dist.  
 City or Village Mankvistown, Ill. Street and Number

2. FULL NAME James W. Goubert. 1243

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE White  
 5. Single, Married, Widowed, or Divorced Single  
 6. DATE OF BIRTH Dec. 16, 1870  
 7. AGE 64 Years 8 Months 13 Days IF LESS than 1 day, hrs. min.  
 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. At Home  
 10. Date deceased last worked at this occupation (month and year) Sept. 13  
 11. Total time (years) spent in this occupation Life  
 12. BIRTHPLACE (city or town) Charle, Ind. (State or country) Indiana  
 13. NAME Moses Goubert  
 14. BIRTHPLACE (city or town) Canada (State or country)  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (city or town) (State or country)  
 17. INFORMANT C. M. Lucier (personal signature with pen and ink)  
 P. O. Address 500 Avenue St.  
 18. PLACE OF BURIAL Cremation or Burial  
 Cemetery St. Andrews Sept 16, 1935  
 Location Mankvistown (Township, Road, Dist., Village or City)  
 County Jackson State Ill.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 12 - 3:20 PM '35 to Sept 14, 1935  
 I last saw him alive on Sept 14, 1935; death is said to have occurred on the date stated above, at 11:45 P.M.  
 \*The principal cause of death and related causes of importance were as follows:  
 Intestinal Obstruction Sept 10/35  
 Date of onset  
 Other contributory causes of importance:  
 23. Was an operation performed? No Date of  
 For what disease or injury?  
 Was there an autopsy? No  
 What test confirmed diagnosis? Clinical observation  
 24. If a communicable disease; where contracted?  
 Was disease in any way related to occupation of deceased? No  
 If so, specify how:  
 (Signed) J. W. Drabin M. D.  
 Address Mankvistown Ill.  
 Date Sept 16, 1935 Telephone 534

20. UNDERTAKER  
 (personal signature with pen and ink) J. A. Meyer  
 Mankvistown Ill.  
 (Sign name if any) Meyer

25. Filed Sept 16, 1935 J. W. Drabin Registrar  
 P. O. Address Mankvistown Ill.

\*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undon means" must be referred to the coroner. See Section 19 Coroner's Act.