

Commonwealth of Kentucky  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

File No. **32505**

PLACE OF DEATH  
*Murphysboro*

Vol. No. *129* Registration District No. *129*

Registered No. ....

County *Poplar* Primary Registration District No. ....

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

(No. .... St. .... Ward)

FULL NAME *Jahm W. Chubbler*

**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(Write the word)

6 DATE OF BIRTH *Dec 2, 1872*  
(Month) (Day) (Year)

7 AGE *40* yrs. *1* mo. *18* da. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Kent*

10 NAME OF FATHER *W. J. Dwy*

11 BIRTHPLACE OF FATHER (State or country) *Do not know*

12 MAIDEN NAME OF MOTHER *Dreil*

13 BIRTHPLACE OF MOTHER (State or country) *Do not know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *W. F. Welburn*  
 (Address) *Cal. Ky.*

15 Filed *1/20, 1918*

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *Jan 19, 1918*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 10, 1917*, to *Jan 18, 1918*, that I last saw him alive on *Dec 12, 1917*, and that death occurred on the date stated above at *3 a.m.* The CAUSE OF DEATH\* was as follows:  
*Bright's Disease*

Contributory (SECONDARY) (Duration) *2 yrs. - mos. - ds.*

(Signed) *R. S. ...*  
*Jan 21, 1918* (Address) *Y. S. ...*

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
 At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL *Thomas B. ...* DATE OF BURIAL *1/22, 1918*

20 UNDER TAKER *Victoria ...* ADDRESS *Victoria ...*

WRITE PLAIN WITH INK. USE TYPE IN ALL PLACES WHERE POSSIBLE. Do not use ink in places where it may be properly substituted. Short statement of occupation is very important. See instructions on back of certificate.