

**Percy D. Lubker**

Occupant Name: Percy D. Lubker

Location: **Section C**

Date of Birth: 7/1/1876

Date of Death: 9/17/1911

Date of Burial: 1911

Veteran: Yes- Corporal-Co. G./ 159<sup>th</sup> Infantry  
Spanish-American War

Multiple Occupants: No

Comment:



NO. 27

**DEATH RECORD.**

**List of Deaths not Mentioned by Correspondents.**

LUBKER—Percival D. Lubker died at his home in Brownstown Sunday evening, September 17, 1911, of tuberculosis, aged 35 years, 2 months and 16 days. He was the son of David H. and Kittie Lubker, deceased, and was born at Brownstown July 1, 1876. He was united in marriage to Miss Laura B. Robison, who survives him, April 2, 1905. For several years he was engaged in the hotel business and about a year ago sold out his business on account of his health.

At the breaking out of the Spanish war he enlisted in Co. G, 159th Regiment of Indiana Volunteer Infantry, with which company he served during the war and was honorably discharged at the time of the muster out of his command, in the capacity of a corporal. He was of a quiet disposition and had many friends.

Besides his wife he leaves two sisters, Mrs. Mabel Turmail, of Vallonia, and Mrs. Anna Brown, of Medford, Oregon. He also leaves a step-mother, Mrs. Etta Lubker, of Madison, and two half-sisters, Miss Amiee Lubker, of Indianapolis, and Mrs. Lura Franklin, of Los Angeles, Cal.

The funeral services were conducted at his late home Tuesday afternoon at 2:30 o'clock by Rev. Edw. F. Schneider, pastor of the M. E. church, after which the remains were laid to rest in Fairview cemetery.



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Indiana State Board of Health.  
**CERTIFICATE OF DEATH.**

PLACE OF DEATH (SEE OTHER SIDE) \_\_\_\_\_  
County of Madison  
Township of Brownstown  
Village of \_\_\_\_\_  
City of Brownstown (No. \_\_\_\_\_) (Sex) \_\_\_\_\_ (Race) \_\_\_\_\_

FULL NAME Percival David Lubker

PERSONAL AND STATISTICAL PARTICULARS  
SEX Male COLOR White  
DATE OF BIRTH 7 1 1876  
AGE 35 years, 2 months, 16 days

MEDICAL CERTIFICATE OF DEATH  
DATE OF DEATH 9/17 1911  
I HEREBY CERTIFY, that (attended deceased from \_\_\_\_\_  
to \_\_\_\_\_  
last seen & first alive on 9/17 1911  
and that death occurred on the date stated above, viz: \_\_\_\_\_  
The CAUSE OF DEATH, as follows: \_\_\_\_\_  
Tuberculosis

NAME OF MARRIAGE WIFE Mrs. Laura B. Robison  
BIRTHPLACE OF MARRIAGE Indiana  
NAME OF FATHER David Lubker  
BIRTHPLACE OF FATHER Indiana  
MOTHER'S NAME Kittie M. \_\_\_\_\_  
BIRTHPLACE OF MOTHER Indiana  
NAME OF OCCUPATION Hotel

Cause of Death \_\_\_\_\_  
I hereby certify that \_\_\_\_\_  
is a true and correct copy of the original as filed in my office on \_\_\_\_\_  
at \_\_\_\_\_  
\_\_\_\_\_

REGISTERED DEATHS FOR \_\_\_\_\_  
Total \_\_\_\_\_  
Total \_\_\_\_\_

MADE BY W. M. \_\_\_\_\_