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

Do not use this space.

18249

File No. 2352

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. St. Joseph Hospital St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Hazel Webb

(a) Residence. No. 3522 Monroe St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 10th 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	3	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work High School Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William F. Webb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary G. Morrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Iowa

14. INFORMANT Wm F Webb
(Address) 3522 Monroe

15. FILED June 8, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1927

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1927, to Jun 6, 1927 that I last saw her alive on June 6, 19.., and that death occurred, on the date stated above, at 12:05 nm.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Hemorrhage from varicosed veins of oesophagus due to Fibrosis of Liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

1248 AAB 1228

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS?

6/8 (Signed) M M Jackson, M. D

1927 (Address) 602 Hayes Bldg.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah

DATE OF BURIAL 6 - 8 1927

20. UNDERTAKER The Taylor Funeral Home

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...AS A PERMANENT RECORD