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

Do not use this space.

29555

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1087

City St. Joseph, (No. 605 Independence Avenue St. Ward)

2. FULL NAME Albert W Webb

(a) Residence. No. 605 Independence Avenue St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 28. 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	54	4	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blaine, (STATE OR COUNTRY) Michigan.

PARENTS

10. NAME OF FATHER Jacob Webb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Michigan

12. MAIDEN NAME OF MOTHER Lenora Digeir

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Michigan.

14. INFORMANT Alice Webb (Address) 605 Independence Avenue

15. FILED Oct 27 1927 19 John G. Utz S.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October. 26. 1927

17. I HEREBY CERTIFY, That I attended deceased from Viewed On Oct. 26 Oct 26, 1927, to 19 that I last saw h alive on 19, and that death occurred, on the date stated above, at 10/20 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myo Cordetes

93C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? View & history of Disease

(Signed) J. W. Mays Coroner, M. D

Oct. 27. 1927. (Address) St. Joseph Mo

*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 Mount Auburn Cemetery — DATE OF BURIAL Oct. 28. 1927.

20. UNDERTAKER H. O. Sidenfaden — ADDRESS 1802 Union Stree

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.