MAY 29 1928

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

Do not use this space.

12180

1. PLACE OF DEATH

County Auchrain Registration District No. 26

Township ~~[illegible]~~ Lathrop Primary Registration District No. ~~[illegible]~~

City Mexico Mo R F D (No. 5034 St. Ward)

File No.

Registered No. 55

2. FULL NAME Amelia Webber

(a) Residence. No. St., 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
72	6	17	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sheboygan
(STATE OR COUNTRY) Wis

PARENTS

10. NAME OF FATHER Henry Webber

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

12. MAIDEN NAME OF MOTHER Augusta Merten

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

14. INFORMANT Helena Blake
(Address) Benton City Mo

15. FILED April 14th 1928 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apl 12 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to Apl 12, 1928 that I last saw her alive on Apl 12, 1928, and that death occurred, on the date stated above, at 9.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fine 11B

11B 1328

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremic Poison

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. F. Fowson, M. D

, 19 (Address) Mexico 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 Benton City Mo Cem

DATE OF BURIAL 4-14-1928

20. UNDERTAKER H A Precht & Son

ADDRESS Mexico Mo

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.