MAY 31 1928

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

Do not use this space.

12751

1. PLACE OF DEATH

County: Dade Co. Registration District No. 240

Township: North Primary Registration District No. 5337

City: Arcola Mo (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Elizabeth B. Webster

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 20. 1845

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	0	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Dade Co.
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Silas Hobbs.

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Chas. Hawk
(Address): Arcola. Mo.

15. FILED: My 1, 1928. A Higgins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1927, to Dec 21, 1927 that I last saw h.m. alive on Dec 21, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probly Cancer of Uterus from old adds form fermal trouble of Uterus (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Duration 5 year

[illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: 48

IF NOT AT PLACE OF DEATH? 1378

DID AN OPERATION PRECEDE DEATH? DATE OF 1927

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr A Higgins, M. D

, 19 (Address) Arcola 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~~: Pleasant Grove Cemetery

DATE OF BURIAL: Apr. 28 1928

20. UNDERTAKER: J. W. Ward.

ADDRESS: Greenfield 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.

PERMANENT RECORD