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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 27175
Township Blue — Primary Registration District No. 3019 — Registered No. 290
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Betty Louise Webb
(a) Residence. No. Scott & Walnut St. 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: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 9-1928
7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 8 hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Wm Webb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mayfield
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elsie Welch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton
(STATE OR COUNTRY) Iowa

14. INFORMANT William Webb
(Address) Independence Mo
15. FILED 8/18 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 10. 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1928, to Aug 10, 1928, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 12:40 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis
1614 162 (duration) ..... yrs. ..... mos. 8 hrs
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas. Keown, M.D.
8/10, 1928 (Address) Independence 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: Mound Grove — DATE OF BURIAL: 8-10 1928
20. UNDERTAKER: C. L. Carson & Son — ADDRESS: Indep 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.

THIS IS A PERMANENT RECORD
SEP 26 1928