27 1928

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

Do not use this space.

35464 Ravenscroft

1. PLACE OF DEATH
County Jackson
Township Blue
City Independ
Registration District No. 398
Primary Registration District No. 5554
File No.
Registered No. 395
(No. ..... St. ..... Ward)

2. FULL NAME Thomas B Webb
(a) Residence. No. Indep. R Route No. 2 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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1839

7. AGE: 89 YEARS, 3 MONTHS, 19 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ret Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Aca Webb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Un Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Un Know
(STATE OR COUNTRY)

14. INFORMANT Lee Webb
(Address) Rau Town

15. FILED Nov 21 1928 F. L. Cook REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct Oct 1, 1928, to Oct 22, 1928, that I last saw h. alive on Oct 19, 1928, and that death occurred, on the date stated above, at 12-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Wood
(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? Clinical
(Signed) N. D. Cammack, M. D
Oct 23 1928 (Address) Buckner 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: Blue Springs
DATE OF BURIAL: 10-23 1928

20. UNDERTAKER: G B Webb Blue Springs Mo
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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD