

K. 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.

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

Do not use this space.

40325

88 1920

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township Express Primary Registration District No. 57671
City (No. _____) _____ St. _____ Ward _____

File No. 468
Registered No. _____
Sl. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

Phely Webber

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W.

5A. IF MARRIED, WIDOWED, OR DIVORCED (MARRIAGE OF (OR) WIFE OF) Isaac Webber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-1-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 | 8 | 78

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nauvoo Co. Ind.

10. NAME OF FATHER James McQuerry

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

12. MAIDEN NAME OF MOTHER Lillie Scott

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

14. INFORMANT (Address) Sam Webber
Bethany Mo.

15. File No. Jan 10, 19____, Registrar W. H. Starned

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29-1928
17. _____

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Dec 29, 1928, and that I last saw her alive on Dec 28, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia following influenza
11W
108 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Influenza of some days duration (duration) yrs. mos. da.

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? _____
(Signed) _____, M. D.

Dec 31, 1928 (Address) F. H. Rogers
*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 Hamilton Cemetery DATE OF BURIAL 12-31 1928

20. UNDERTAKER S. M. Hays ADDRESS Bethany Mo.

