

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

Do not use this space.

6020

1. PLACE OF DEATH

County St. Louis Registration District No. 286
 Township _____ Primary Registration District No. 475
 City St. Louis (No. H 170) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Chas. L. Webb
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.
 (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Feb-4-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
1 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kennett
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Howard Webb

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

12. MAIDEN NAME OF MOTHER Gene Wilson

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

14. INFORMANT Howard Webb
 (Address) White Oak Mo

15. FILED 2/14/29 E. L. Spence
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/90 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-5-29 to 2-10-29, 1929
 that I last saw him... alive on 2-10-29, 1929, and that death occurred, on the date stated above, at 3:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
1919
1919

CONTRIBUTORY (SECONDARY) Brachy Anemia
 (duration) yrs. mos. da. 8

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

9. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Edward Bresnell M. D.
 , 19 (Address) Kennett 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 Wash Ridge DATE OF BURIAL 2/11 1929

20. UNDERTAKER Baldwin Turner Co ADDRESS Kennett Mo

MAR 21 1929

WRITE PLAINLY, WITH UNFADING INK---THE

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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WHITE PLAINLY, WITH UNFADING

any form of information, either as carefully applied
CAUSE OF DEATH in plain terms so that it may be understood

FOR

IN

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dunklin

Registration District No. 286

File No. _____

Township _____

Primary Registration District No. 4170

Registered No. _____

City Helena (No. _____)

St. _____ Ward _____

2. FULL NAME

Chas. T. Webb

(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

M

4. COLOR OR RACE

W

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

S

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

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

Feb 4 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1

-

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(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)

Kennett mo

PARENTS

10. NAME OF FATHER Howard Webb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Tenn

12. MAIDEN NAME OF MOTHER Wesley Wilson

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

14.

INFORMANT Howard Webb
(Address) White Oak mo

15.

FILED 4-9-29 J. A. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 10 1929

17. I HEREBY CERTIFY That I attended deceased from 2-3-29 to 2-10-29 that I last saw him alive on 2-10-29, and that death occurred, on the date stated above, at 3:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) _____ yrs. _____ mos. _____ ds.
(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) U. A. Russell M. D.

. 19 (Address) Kennett 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

DATE OF BURIAL

Oak Ridge

2/11 1929

20. UNDERTAKER

ADDRESS

Baldwin Fun Co Kennett mo

FILED, WITH UNFADING INK--THIS IS A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

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