WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 25 1929

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

Do not use this space.

7559

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township — Primary Registration District No. 5904 — Registered No.
City St. James (No. ..... St. ..... Ward)

2. FULL NAME Artemisa Webster
(a) Residence. No. S. Hamel St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 - 1855

7. AGE: 73 YEARS, 7 MONTHS, 2 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

2 5

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

2

PARENTS

10. NAME OF FATHER L Bates

2

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

12. MAIDEN NAME OF MOTHER Jane Chumley

2

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

14. INFORMANT Albert Rodgers
(Address) Stake Prairie Mo

15. FILED 2/11, 1929 Henry F. Nolters, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to Feb 9, 1929, that I last saw her alive on Feb. 9, 1929, and that death occurred, on the date stated above, at 12 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
59
11B (duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Cuba Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) William H Breuer, M. D
2/9/, 1929 (Address) St James 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: Oak Hill Cem Gasconade Co Mo — DATE OF BURIAL: 2-11 1929

20. UNDERTAKER: W E Lichlider — ADDRESS: St James Mo