23 1929

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 9575

Township Primary Registration District No. 1001 Registered No. 276

City St. Joseph (No. 2507 North 7th Street St. Ward)

2. FULL NAME Harriett Ann Webb

(a) Residence. No. 2507 No. 7th Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 8, 1838

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	91	0	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hoysewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

235

9. BIRTHPLACE (CITY OR TOWN) Abbington
(STATE OR COUNTRY) England

8

PARENTS

10. NAME OF FATHER John Smith

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

8

12. MAIDEN NAME OF MOTHER Harriett Gibbons

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

8

14. INFORMANT Hattie Hobbs
(Address) 2507 No. 7th Street

MAR 4

15. FILED 1929 John G. Jotz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1929, to Mar 2, 1929 that I last saw her alive on Mar 2, 1929, and that death occurred, on the date stated above, at 9-05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11B

16 [illegible]

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senility

(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) B W Toothaker, M. D.

Mar. 5, 1929 (Address) P & S Bldg.

*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
Burlington Jct. Mo.	Mar. 5 1929
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St.

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.