

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

Do not use this space.

9962

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Washburn Primary Registration District No. 3011
 City Excelsior (No.) St. Ward

File No.
 Registered No. 37
 St. Ward

2. FULL NAME

Marshall M Webb
 (a) Residence No. 403 Benton St. Ward

(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Male | White | Widowed

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

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at..... m.

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

Mr Knower

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
 91
 CONTRIBUTORY (SECONDARY) 9103
 (duration) yrs. mos. ds.
 (duration) yrs. mos. ds.

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

Mar 26-1854

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-------|--------|------|----------------------------------|
| 74 | 11 | 20 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) General farming
 (c) Name of employer

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. L. Knower M. D.
 3/16, 1929 (Address) Excelsior, Mo

10. NAME OF FATHER

Mr Knower

***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.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mr Knower

12. MAIDEN NAME OF MOTHER

Mr Knower

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mr Knower

14. INFORMANT

(Address) John H Knapp, Nemaha Neb

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nemaha Neb **DATE OF BURIAL** Mar 18 1929

15. FILED

3/16 1929 Y. D. Crover REGISTRAR

20. UNDERTAKER John C Prather, Excelsior

24 1929
 24
 2
 4
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PARENTS

10

11