

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

Do not use this space.

16688

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701
Primary Registration District No. 008
(No. 2812 N Broadway)

File No.
Registered No. 4803
St. Ward)

2. FULL NAME George H Webster

(a) Residence. No. 2812 N Br St., N 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Webster</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 18, 1885</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>1</u>
	DAY <u>7</u>	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work SAND BLASTER

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Cahoon Okla

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Bessie Webster
(Address) 2812 N Broadway

15. ADD FILED 26 1929
Wm C. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1918 to Apr 24 1929
that I last saw him alive on April 20 1929, and that death occurred, on the date stated above, at m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Chronic claim tubercular
lung infection
(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? Chemical & lab tests
(Signed) John C. Crease M. D.

April 25, 1929 (Address) 2304 N 14th St

*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 St. Matthews **DATE OF BURIAL** Apr 27 1929

20. UNDERTAKER Bessie Webster **ADDRESS** 1138 N 16th St

WRITE MAINLY, 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.

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