

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

Do not use this space.

18817

**1. PLACE OF DEATH**

County Miss Registration District No. 566 File No. \_\_\_\_\_  
 Township Synophty Primary Registration District No. 5762 Registered No. 50  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ester Webster Col

(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 6 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 Bl 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) 4/11/1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
18 | 1 | 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Simpson Co.  
 (STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER Lewis Webster

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

12. MAIDEN NAME OF MOTHER Elyza Harper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Simpson Co  
 (STATE OR COUNTRY) Miss

14. INFORMANT Elyza Harper  
 (Address) R R 6 Charleston Mo

15. FILED May 29 1929 J. S. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/13/29 <sup>11:00</sup> AM 1929  
 17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from May 2nd, 1929, to May 13th, 1929, that I last saw him alive on May 12th, 1929, and that death occurred, on the date stated above, at 11 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Subequent of Lung

25A  
 (duration) \_\_\_\_\_ yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 31  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) A. H. Marshall M. D.

May 16th, 1929 (Address) Charleston 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 Grove Cemetery DATE OF BURIAL 5/19 1929

20. UNDERTAKER The Law and Co ADDRESS Charleston Mo

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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