JUL 27 1929

82

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

Do not use this space.

22303

1. PLACE OF DEATH
County Pike
Township Hartford
City ..... (No. ..... St. ..... Ward)
Registration District No. 690
Primary Registration District No. 5918
File No. .....
Registered No. .....

2. FULL NAME Henry C. Webb
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: (negro) colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Janie Norton Webb

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June ? 1883

7. AGE: Years 46 | Months X | Days X | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corso Mo.

PARENTS
10. NAME OF FATHER: Albert Webb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Louisville Mo.
12. MAIDEN NAME OF MOTHER: May Holloway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Mo.

14. INFORMANT (Address): Mrs Willie Simmons Keokuk Ia

15. FILED June 13 1929 S. Clyde Craig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/8 1929

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to June 8, 1929, that I last saw him alive on June 8, 1929, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93C
132A (duration) Several yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X
9 DID AN OPERATION PRECEDE DEATH? X DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) T. M. Mathews, M.D.
June 8, 1929 (Address) Ashley 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: Fairview Cemetery
DATE OF BURIAL: 6-10-1929

20. UNDERTAKER: Grace Bankhead
ADDRESS: Bowling Green 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.