

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

Do not use this space.

33611

File No. _____
Registered No. 51
St. _____ Ward) _____

1. PLACE OF DEATH

County Iron Registration District No. 391
Township Arcaadia Primary Registration District No. 4230
City Ironton (No. _____ St. _____ Ward) _____

2. FULL NAME James V. 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 <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>Lola Bainbridge Webb</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 1 - 1848</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>2</u>	DAY <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Rail Road Conductor</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.				

9. BIRTHPLACE (CITY OR TOWN) Snowville
(STATE OR COUNTRY) Virginia

PARENTS	10. NAME OF FATHER <u>John Webb</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Christiansburg</u> (STATE OR COUNTRY) <u>Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Susan Bridgewater</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Christiansburg</u> (STATE OR COUNTRY) <u>Virginia</u>

14. INFORMANT Neoma Webb
(Address) Ironton Mo

15. FILED 10/4, 1929 R. A. Rasche
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1929, to Oct 12, 1929 that I last saw him alive on Oct 1 - 20, 1929, and that death occurred, on the date stated above, at 2 o'clock a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
162 (duration) yrs. mos. ds.
CONTRIBUTORY Supremities of age
(SECONDARY) (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? _____
(Signed) Edward J. G. Bannhouse, M.D.
1924, 1929 (Address) Ironton 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 _____ DATE OF BURIAL 10 4 1929
Dr. Sata Bennett

20. UNDERTAKER S. E. Bond ADDRESS Ironton 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.

23 102

RECORDS SECTION - THIS IS A PERMANENT RECORD

