

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

Do not use this space.

34756

1. PLACE OF DEATH

County Palls
Township Center
City Center (No. _____)

Registration District No. 725-
Primary Registration District No. 5-956

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Henry Bell Webb</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1839, July 1</u>		
7. AGE <u>90</u>	YEARS <u>3</u>	MONTHS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>West Virginia</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Henry Webb</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>England</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Margaret Ayers</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Virginia</u> (STATE OR COUNTRY)		
14. INFORMANT <u>Grace Jackson</u> (Address) <u>Center mo</u>		
15. FILED <u>10-31-29</u> <u>J. J. Howard</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to Oct 24 1929
that I last saw him alive on Oct 22 1929 and that death occurred, on the date stated above, at 8 1/2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure
Arteriosclerosis
95A
169 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 9019
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. B. Norton, M. D.
, 19 (Address) Center 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 Madisonville DATE OF BURIAL Oct 25 1929

20. UNDERTAKER W. H. Carich ADDRESS Center mo

WRITE PLAINLY, 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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

[illegible]

1. *Introduction*

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