OCT 31 1930

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

Do not use this space.

30939

1. PLACE OF DEATH
County St. Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 69
City (No. St. Ward)

2. FULL NAME Martin Louise 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 Female
4. COLOR OR RACE White
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) August 30 1930

7. AGE — YEARS — MONTHS — DAYS 2 — If LESS than 1 day 14 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Bonneterre
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Stephen Webb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lucy Peterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT Steve Webb
(Address) Bonne Terre Mo.

15. FILED 9/2, 1930 — A. Son, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from 30, 1930, to Sept. 1, 1930 that I last saw her alive on Sept. 1, 1930 and that death occurred, on the date stated above, at 7 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dont Know
Some Defect in Matering
15 T D (duration) yrs. mos. 2½ ds.

CONTRIBUTORY (SECONDARY) 20515
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Lee Turley, M.D
9-2, 1930 (Address) Bonneterre

*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 Murphy Cemetery — DATE OF BURIAL Sept. 2 1930

20. UNDERTAKER Benham Und. Co. — ADDRESS Bonneterre

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.