

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.

NOV 22 1930

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

Do not use this space.

32571

1. PLACE OF DEATH

County Franklin
Township Union
City Union (No. 5418)

Registration District No. 296
Primary Registration District No. 5418

File No. 32571
Registered No. 32571
St. Union Ward Union

2. FULL NAME Christ Webblesmann

(a) Residence. No. Union St. Union Ward Union
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) March 20 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 3

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) Germany

10. NAME OF FATHER John Webblesmann

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

12. MAIDEN NAME OF MOTHER Katherine Westerfeld

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT William Brinkmeyer
(Address) Union, Mo.

15. FILED Oct 25 1930 E. A. Stuebing
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 23 1930 to Oct 23 1930, that I last saw him alive on Oct 23 1930, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Coronary Arteriosclerosis
131

CONTRIBUTORY (SECONDARY)

18. WHERE DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH Home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. A. Stuebing, M. D.

(Address) Union, 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

St. Johns Evangelical Church Cemetery Union, Mo. DATE OF BURIAL Oct 26 1930

20. UNDERTAKER Union Furniture

By W. A. Horn Union, Mo.

