

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

Do not use this space.
29035

1. PLACE OF DEATH

County Terry Registration District No. 659 File No. 69
Township Conyer Home Primary Registration District No. 5876 Registered No. 69
City (No.) St. Ward)

2. FULL NAME

Clara Webbenmeyer
(a) Residence, No. St., Ward. (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>Female</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>Henry Webbenmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27-1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>2</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>Barney Welker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Mary Lappe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Fillie Wucher</u> (ADDRESS) <u>old Appleton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Apple Creek Mo.</u> DATE <u>Aug 7 1931</u>		
19. UNDERTAKER <u>Joellner & Young</u> (ADDRESS) <u>Burgoyne Mo</u>		
20. FILED <u>Aug 7 1931</u> <u>Martin Mochel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1th 1931, to Aug 5th 1931.
I last saw her alive on Aug 2th 1931. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Stomach Date of onset
46 B
46 B

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 46 B. Bowman, M. D.
(Signed) Old Appleton Mo
(Address)

WHITE COPY, 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.

AUG 29 1931

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