

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

Do not use this space.

32117

1. PLACE OF DEATH

County Pettis
Township Deaths Creek
City (No.)

Registration District No. 670
Primary Registration District No. 5896

File No. _____
Registered No. 17
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Norman Webb St. _____ Ward. _____
(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Norman Webb (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Camden to Mo

13. NAME William Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan to

15. MAIDEN NAME Liza Bith May

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden to Mo

17. INFORMANT (ADDRESS) William Webb

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel cemetery DATE Sept 17, 1931

19. UNDERTAKER (ADDRESS) Edith May

20. FILED 9-21-1931 Flossie Ferguson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1931, to Sept 15, 1931.
I last saw him alive on Sept 11, 1931. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:
History incomplete

Date of onset _____

Other contributory causes of importance: Encephalitis

89A
78B

Myxoma infection

Name of operation _____ Date of _____

What not confirmed diagnosis? Chemical Was there an autopsy? Yes

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 _____

(Signed) Alfred O. Janner, M. D.
(Address) 111 W. 4th St. Indianapolis Ind

