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

Do not use this space.

38053

File No.

Registered No. 108

1. PLACE OF DEATH
County Jasper
Township
City Webb City, Mo (No. , St. Ward)
Registration District No. 417
Primary Registration District No. 3021

2. FULL NAME Mrs Alice May Webb
(a) Residence, No. 305 Shenandoah Ave 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.

DEC 22 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1863

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	5	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Strawberry Point Iowa

FATHER
13. NAME Fantley Ball
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Emily Kingsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mr Jim Webb
(ADDRESS) Webb City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Webb City DATE Nov. 19 1931

19. UNDERTAKER Steele Und. Co.
(ADDRESS) Webb City Mo

20. FILED 11/19 1931 R. M. Stermont
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Nov 18 31, 19...
I last saw her alive on Nov 14, 1931. Death is said to have occurred on the date stated above, at 11:05 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous Ulcer	
416	
416	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) , M. D.
(Address) Webb City Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD