WRITE PLAINLY, 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.

JUN 23 1932

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

Do not use this space.

16520

1. PLACE OF DEATH
49 County Jasper
11 Township
7 City Webb City Mo (No. ..... 3021 St. ..... Ward)

Registration District No. 417
Primary Registration District No. ~~5561D~~

File No.
Registered No. 46

2. FULL NAME Mrs. Elizabeth Webb

(a) Residence. No. Mt. Hope 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. M. Webb

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 9, 1852

7. AGE: 80 YEARS, 2 MONTHS, 26 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Virginia

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: T. M. Webb
(Address) R. F. D. Webb City Mo

15. FILED 5/7, 1932 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 5 1932

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1932, to May 5, 1932 that I last saw her alive on May 5, 1932 and that death occurred, on the date stated above, at 6:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93D
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 93D
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF 3
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George W. Cox, M.D.O.
, 19 (Address) Webb City, 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: Webb City
DATE OF BURIAL: May 7 1932

20. UNDERTAKER: Steele Und. Co.
ADDRESS: Webb City Mo.