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.

APR 26 1932

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

Do not use this space.

20227

1. PLACE OF DEATH

County Morgan — Registration District No. 598 — File No.

Township Buffalo Twp — Primary Registration District No. 5794 — Registered No. 25

City (No. St. Ward)

2. FULL NAME Armilda Webb

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30-1848

7. AGE — YEARS 84 — MONTHS 3 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

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) Morgan Co

FATHER

13. NAME Thos. Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co ~~Cynthia Sidebottom~~

MOTHER

15. MAIDEN NAME Cynthia Sidebottom

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

17. INFORMANT (ADDRESS) Mrs. Charlie Marriott Proctor, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Locust DATE June 16 1932

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo.

20. FILED 6-16 1932 Wm. Lutman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1932, to June 15, 1932

I last saw her alive on June 12, 1932 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

Name of operation no Date of —

What test confirmed diagnosis? Symptoms 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 no

(Signed) S. U. Newton, M. D.

(Address) Versailles Mo.