

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

Do not use this space.

233240

1. PLACE OF DEATH

County hinn
Township
City Marceline (No.) St. Ward)

Registration District No. 4-9-8
Primary Registration District No. 4301

File No.
Registered No.

2. FULL NAME Emma Ann WEBBER

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 6 mos. 28 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1-1932
7. AGE YEARS 61 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min. 28

8. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Webber

9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. housewife
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. ?
11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) July 1-1932 11. Total time (years) spent in this occupation WIF

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin Minn Co Mo
13. NAME William J Brewer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Amanda Barbee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin Minn Co Mo
17. INFORMANT Nora Pittman (ADDRESS) Kansas City Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE 19
19. UNDERTAKER A. C. Hariman (ADDRESS)

20. FILED 8-3 1923 J. L. Cantwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22 1932 to July 28 1932
I last saw h. alive on July 28 1932 Death is said to have occurred on the date stated above, at 2:10 a.m.

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

Aggranulocytic Angina July 10-32
Secondary pneumonia
Acute leukopenia
Sepsis

Name of operation Date of
What test confirmed diagnosis? W. & Lab. 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? no
If so, specify no
(Signed) M. L. Dickmeyer, M. D.
(Address) Marceline 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.

SEP 24 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn Registration District No. 502
 Township _____ Primary Registration District No. 4305
 City Marceline (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 31

2. FULL NAME

Emma Ann Webber

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 28

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

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) mo -

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. P. C. Heriman

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE 1932

19. UNDERTAKER (ADDRESS) P. C. Heriman

20. FILED Oct 5 1932 P. C. Heriman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932 to July 28, 1932

I last saw him alive on July 28, 1932. Death is said to have occurred on the date stated above, at _____.

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

Aggranulocyte angina
secondary anemia
severe leukopenia
toxemia

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. L. Dickbraeger, M. D.
 (Address) Marceline

N. E. ... of information s... EATH in plain terms, ... REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. ... LY, PHYSICIANS should state t. OCCUPATION is very important. ... uly supplied. AGE should ay be properly classified. Exa.

SUPPLEMENTARY

5-23321