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.

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

Do not use this space.

29462

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2626
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo (No. St. Mary's Hospital St. Ward)

2. FULL NAME George Webster
(a) Residence, No. 3119 E-13th, St. St., 12 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: Male
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 Annie Webster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-18-1857

7. AGE: Years 74 — Months 9 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station Eng. Chapman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy Co
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) New Hampshire

FATHER
13. NAME Anna Webster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

MOTHER
15. MAIDEN NAME Martha Dunbar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

17. INFORMANT (ADDRESS) Mrs. Annie Webster 3119 East 13th, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Morish DATE Sept-27, 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn, City

20. FILED 9/26, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-25-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1932 to Sept 25th, 1932
I last saw him alive on Sept 25th, 1932 Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Prostate Gland with Metastases to lung and regional lymph nodes.

Other contributory causes of importance: Chronic Cystitis

Name of operation none Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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
(Signed) Calvin L. Cooper, M. D.
(Address) 814 Professional Bldg

Dr. Cooper