

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.

NOV 23 1932

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

Do not use this space.

31911

1. PLACE OF DEATH

County Franklin
Township Pacific
City Pacific (No. 4177)

Registration District No. 293

Primary Registration District No. 4177

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

(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 5 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mary Webber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 23-1887</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bridge Builder</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rail road</u>
	10. Date deceased last worked at this occupation (month and year) <u>1904</u>
	11. Total time (years) spent in this occupation <u>48 yrs</u>

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huron Ohio</u>
	13. NAME <u>Reid Webber</u>

MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	15. MAIDEN NAME <u>Seeland</u>

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	17. INFORMANT (ADDRESS) <u>Mary Webber</u> <u>Pacific Mo</u>

18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>St Louis</u>	DATE <u>Oct 30 1932</u>
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19. UNDERTAKER (ADDRESS) <u>A. Thier</u> <u>Pacific Mo</u>
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20. FILED <u>Oct-29 1932</u> <u>Net M Thier</u> Registrar
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2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 28 1932</u>
22. HEREBY CERTIFY, That I attended deceased from <u>July 28 1932</u> to <u>Oct 26 1932</u> I last saw him alive on <u>Oct 26 1932</u> . Death is said to have occurred on the date stated above, at <u>8:45 a.m.</u> The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: <u>Arteriosclerosis</u>	Date of onset <u>7-28-32</u>
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Name of operation <u>none</u>	Date of <u>none</u>
What test confirmed diagnosis <u>Clinical</u>	Was there an autopsy? <u>no</u>

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.
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Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>A. L. M. Ney</u> , M. D. (Address) <u>Pacific Mo</u>
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