

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

Do not use this space.

35096

**1. PLACE OF DEATH**

County Christian Registration District No. 184  
Township Finley Primary Registration District No. 2355  
City Ozark Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 108

**2. FULL NAME** Chas Hard 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1932

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1932, to Nov 19 1932, and that I last saw him alive on Nov 15 1932, and that death occurred, on the date stated above, at 9:00 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5 - 1853

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>11</u>	<u>14</u>	

Chronic nephritis

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) 131 (duration) 3 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill 2

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER William Webber

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Dont know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill 31

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) R. R. Fasthising, M. D.

Nov 22, 1932 (Address) Ozark 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.

14. INFORMANT Mrs Chas Webber (Address) Ozark Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

15. FILED Dec 2 1932 Ruth Harrison REGISTRAR

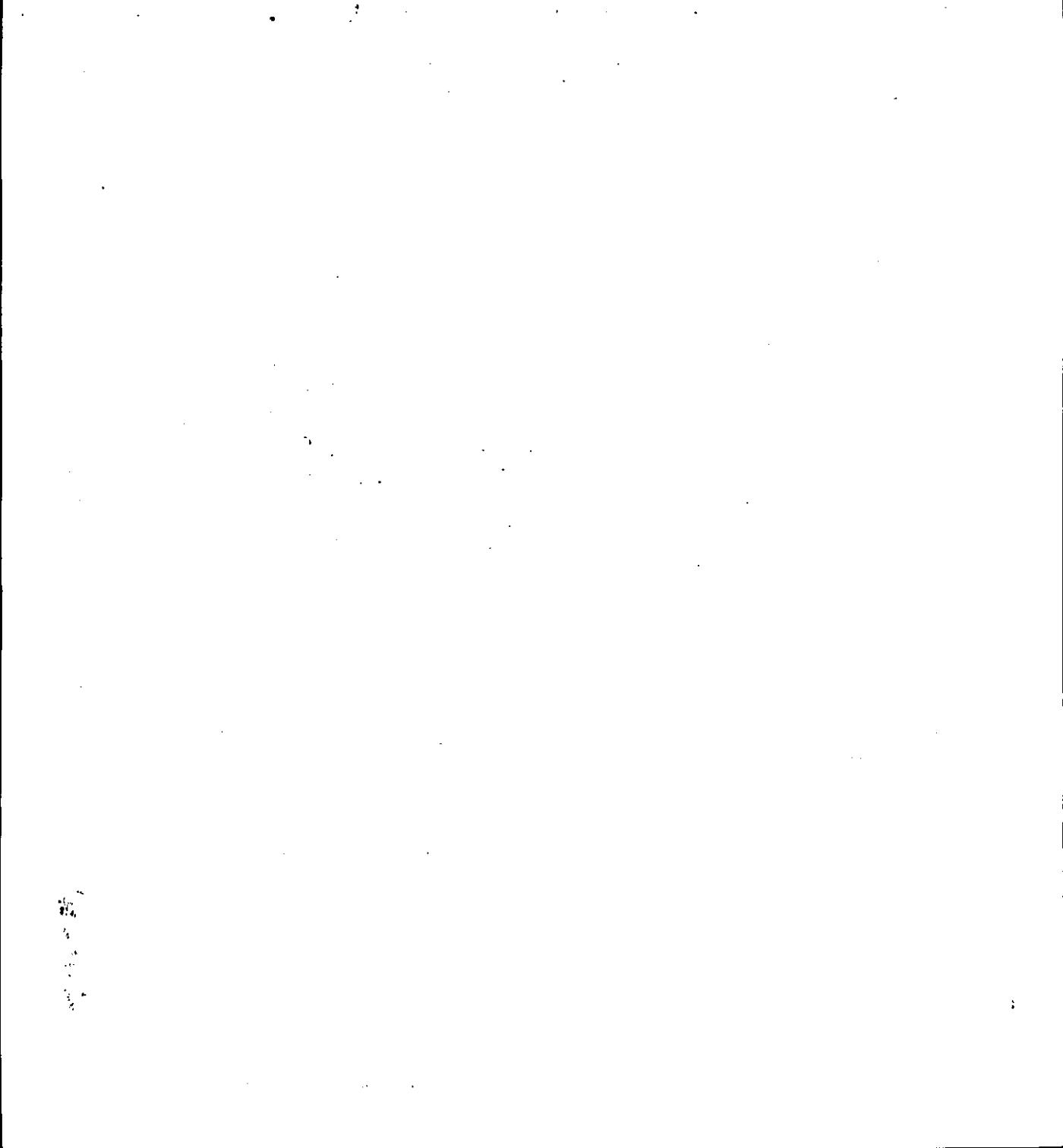
J. O. O. Cemetery Ozark Mo 11/21 1932

20. UNDERTAKER B. C. Klepper ADDRESS Ozark Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 7 1933

22  
7 1932



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

Do not use this space.

**1. PLACE OF DEATH**

County Christian  
Township .....  
City ..... (No. .... St. .... Ward)

Registration District No. 184  
Primary Registration District No. 4110

File No. ....  
Registered No. 108

**2. FULL NAME**

Charles David Webber

(a) Residence, No. .... St. .... Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1932

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

22. I HEREBY CERTIFY That I attended deceased from Jan. 10 1932, to Nov. 19 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5 - 1853

I last saw him alive on Nov. 19 1932. Death is said to have occurred on the date stated above, at 9 A. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 11 14

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

Chronic Nephritis Date of onset

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME William Webber

Name of operation none Date of .....

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

What test confirmed diagnosis? ..... Was there an autopsy? no

15. MAIDEN NAME Margaret F. Harrison

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Mrs. Chas. Webber (ADDRESS) Ozark, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE W.D.F. Cemetery DATE Nov. 21 1932

Manner of injury .....

Nature of injury .....

19. UNDERTAKER B. C. Klippner (ADDRESS) Ozark, Mo.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

20. FILED Dec. 2 1932 Ruth Harrison Registrar.

(Signed) R. R. Farthing, M. D.

(Address) Ozark, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-35094