

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

Do not use this space. ✓

39506

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 3919  
 City Independence (No. Sanatorium) St.                      Ward                     

**2. FULL NAME**

Henry B. Webb  
 (a) Residence, No. 643 1/2 Dutton Ave. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed, husband of Caroline Lee Webb.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Xalec. 13 1953</u>		
7. AGE YEARS <u>79</u>	MONTHS	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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) <u>Aug 19 1973</u>		11. Total time (years) spent in this occupation <u>39 -</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairhaven, Mass. 20</u>		
13. NAME <u>William T. Webb.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fairhaven, Mass.</u>		
15. MAIDEN NAME <u>Hannah Ann Crowell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Abingdon, Va.</u>		
17. INFORMANT <u>Mrs. J. F. McPhee, daughter.</u> (ADDRESS) <u>Wood River Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt wash. cem</u> DATE <u>Dec 20 1932</u>		
19. UNDERTAKER <u>W. &amp; Mitchell</u> (ADDRESS) <u>Independence Mo.</u>		
20. FILED <u>Dec 20 1932</u> <u>H. Cook</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18 1932

22. I HEREBY CERTIFY, That I attended deceased from                      to Dec 18 1932  
 I last saw him alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 2:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Arterio-sclerosis Date of onset 82<sup>nd</sup>  
97 ① Q. W. W.  
 Other contributory causes of importance:  
Cerebral Hemorrhage

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. D.  
 (Address) Independence 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.

JAN 24 1933

WHITE (PLAIN), WITH UNFADING INK—THIS IS A PERMANENT RECORD

[The body of the document is mostly blank with some faint, illegible markings and a few scattered dark spots.]