

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 21 1933

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

Do not use this space.

1255

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. Sunnyslope Hospital) St. _____ Ward _____

2. FULL NAME Rosa L. Webb
 (a) Residence, No. 1007 Fowler St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. mos. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Convers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 1851</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>9</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>At Home</u>			
	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) <u>Marshall Co. Indiana</u>				
FATHER	13. NAME <u>George Webb</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Brown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown West Virginia</u>			
17. INFORMANT <u>Ed Webb</u> (ADDRESS) <u>Wathena Kansas</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Belmont Cemetery</u> PLACE <u>Wathena Kansas</u> DATE <u>Jan. 7 1933</u>				
19. UNDERTAKER <u>F. D. Sibertaden</u> (ADDRESS) <u>1802 Union St St. Joseph Mo.</u>				
20. FILED <u>1-6-33</u> 19 _____ <u>John R. Bender</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1932 to Jan 5 1933, 1933
 I last saw h. or alive on Jan 5 1933. Death is said to have occurred on the date stated above, at 9:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset _____

Other contributory causes of importance:
Pulmonary T. B.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical X-ray Was there an autopsy? no

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) A. J. Smith, M. D.
 (Address) P. O. Box 99, Joplin, Mo.

