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

Do not use this space.

758

1. PLACE OF DEATH

27 County Cooper — Registration District No. 225 — File No.

Township Saline. — Primary Registration District No. 5306 — Registered No. 1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John R. Webster.

(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

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: Mahalia Webster.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24" 1863

7. AGE — YEARS: 69 — MONTHS: 7 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
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): Missouri.

FATHER

13. NAME: Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER

15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mrs. Mahalia Webster. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL: Boongille Mo.
PLACE Walnut Grove Cem. DATE Jan. 6" 1933

19. UNDERTAKER (ADDRESS): Goodman & Boller. Boonville Mo.

20. FILED Jan 6 1933 W E Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932 to Jan 3, 1933
I last saw him alive on Never sold him, 19..... Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

Probably some heart lesion.

758

Date of onset

Other contributory causes of importance:

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) Lee I. Shuck, M. D.
(Address) Boonville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 23 1933

U. S. NO. 2