

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

Do not use this space.

6197

1. PLACE OF DEATH

49 County Franklin Registration District No. 417
 11 Township Webb Primary Registration District No. 3071
 7 City Webb City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 12

2. FULL NAME

(a) Residence, No. 4th & Orange 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 Wheattha Goldsbury
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 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) Ill.
 (STATE OR COUNTRY)

13. NAME James Goldsbury

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

15. MAIDEN NAME Clara Evans

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

17. INFORMANT Mrs. Wheattha Goldsbury
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City, Mo. DATE 2/23/33

19. UNDERTAKER Webb City Undert. Co.
 (ADDRESS)

20. FILED 73 1933 R. W. Stormont
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932 to Feb 1, 1933
 I first saw him alive on Feb 1, 1933. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Cardio renal disease Date of onset _____
95%
95 B
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) R. W. Stormont M. D.
 (Address) Webb City, 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.

