

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

Do not use this space.

17369

1. PLACE OF DEATH

County Terry Registration District No. 659
 Township Conque Home Primary Registration District No. 5826
 City (No.) St. Ward

File No. 91
 Registered No. 91

2. FULL NAME

Francisca Elizabeth Webbenmeyer
 (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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theo. Webbenmeyer deid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 1853</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS <u>12</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>House Wife</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>Cape Girardeau Mo</u>		
FATHER	13. NAME <u>Antoine Laurentius</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Sank</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Biehle Mo</u>	
17. INFORMANT <u>Gregust Webbenmeyer</u> (ADDRESS) <u>Rentals Biehle Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph Cemetery</u> DATE <u>May 18 1933</u>		
19. UNDERTAKER <u>Bay Undertakings Co</u> (ADDRESS) <u>Parisville Mo</u>		
20. FILED <u>May 18 1933</u> <u>Martin Moschel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Heartth Disease
Died Suddenly
95 B 95 B

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. H. Abernathy Coroner Mo
 (Address) Mempho 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.

MAY 23 1933

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Date of onset

