

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

Do not use this space.

**20419**

1. PLACE OF DEATH  
 County Missouri Registration District No. 566  
 Township Springfield Primary Registration District No. 3030  
 City Charleston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John William Webb  
 (a) Residence, No. 209 N. 6th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 34 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 M 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 Emma Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1860

7. AGE YEARS 73 MONTHS 5 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Unknown Tennessee

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Clyde Webb Charleston Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cal Gray Cemetery DATE 6-13-33

19. UNDERTAKER Rich. Child Co. F. H. Child (ADDRESS) Charleston Mo.

20. FILED June 12 1933 F. J. Vernon Registrar.

**2 MEDICAL CERTIFICATE OF DEATH 2:45 PM**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1932, to June 11 1933  
 I last saw him alive on June 11 1933 Death is said to have occurred on the date stated above, at 2:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis Date of onset \_\_\_\_\_  
9301  
11 R  
 Other contributory causes of importance:  
La Grippe - December

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Frank Vernon M. D.  
 (Address) Charleston Mo.

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

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.

JUL 23 1933

*F. J. Vernon*

