

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

Do not use this space.

26448

1. PLACE OF DEATH

County Jackson
Township Hann
City K.C. Mo. (No. 1806, Brooklyn Ave.)

Registration District No. 085
Primary Registration District No. 0002

File No. _____
Registered No. 3178
Ward _____

2. FULL NAME Hugh Webb

(a) Residence, No. 1806 Brooklyn St. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min
47 9 13

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

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) Nelson Mo

13. NAME John Webb

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

15. MAIDEN NAME Hattie Holley

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

17. INFORMANT (ADDRESS) Hazel Webb 1806 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge 8-7-33

19. UNDERTAKER (ADDRESS) A. B. Moore 1820 E. 18th St.

20. FILED Aug 7 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/33

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

I last saw him alive on 1/4/34. Death is said to have occurred on the date stated above.

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

Other contributory causes of importance:
930 930

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? yes

23. If death was due to external causes (violence), all 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. B. Moore

(Address) 1820 E. 18th St.

[Handwritten signatures and stamps: A. B. Moore, DEP-COR]

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.

SEP 26 1933

