

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

Do not use this space.

30312

1. PLACE OF DEATH

69 County Monroe Registration District No. 578
Township Cray Primary Registration District No. 5782
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Anna Webb
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Webb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/15/1857
7. AGE YEARS 76 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Mazon Co. Mo.
13. NAME Wm. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Armanda Schepherd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key
17. INFORMANT Zora Webb (ADDRESS) Hollywood Mo. R.R.
18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina DATE Sept 24, 1933
19. UNDERTAKER Fred A. Thompson (ADDRESS) Madison, Mo.
20. FILED 9/23, 1933 Jogan L. Lomas Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933 to _____, 19____
I last saw her alive on Sept 22, 1933 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Uremia
Nephritis
132A
132B
132A
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis clinical 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) J. O. Harrison, M. D.
(Address) Shelbina, 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.

OCT 20 1933

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