

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

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

Do not use this space.

33528

1. PLACE OF DEATH
 53 County Laclede Registration District No. 449
 Township Cray Primary Registration District No. 5618
 City (No.) St. Ward

2. FULL NAME Patricia Ann Webb
 (a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	1	6	4	

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

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) Laclede Co.

MOTHER / FATHER

13. NAME Everett Webb

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

15. MAIDEN NAME Eva Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co.

17. INFORMANT Everett Webb
 (ADDRESS) Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Catholic DATE 10/10 1933

19. UNDERTAKER Pulley
 (ADDRESS) Lebanon Mo.

20. FILED 1019 1933 J. A. McCauley
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1933, to Oct. 9 1933.
 I last saw her alive on Oct. 9 1933. Death is said to have occurred on the date stated above, at 12:50 A. M.
 The principal cause of death and related causes of importance were as follows:

Cholera Infantum
119A
11712

Other contributory causes of importance:

Name of operation none Date of none
 What test confirmed diagnosis? Physical as there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1933
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) J. L. Purage, M. D.
 (Address) Lebanon, Mo.

