

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.

Do not use this space.

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

APR 25 1934

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 1804 S. Prospect St. _____ Ward _____)

File No. 9957
Registered No. 668

2. FULL NAME Martha A Webb
(a) Residence, No. 1804 S. Prospect 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex Webb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1856
7. AGE YEARS 77 MONTHS 5 DAYS 20 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) Mo.

13. NAME John Harris

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

15. MAIDEN NAME Rachel Farrell

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

17. INFORMANT Bryan Webb
(ADDRESS) 1804 S Pros. Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3/15 34

19. UNDERTAKER Gillespie Furn Home
(ADDRESS) Sedalia, Missouri

20. FILED 3-14- 1934 Jean Slack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to March 13th, 1934
I last saw her alive on March 12, 1934 Death is said to have occurred on the date stated above, at 7 A. m.

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

Chronic Myocarditis Date of onset 936
167- Dist
Known
Other contributory causes of importance: 930
Insults ?

Name of operation None Date of _____
What test confirmed diagnosis? Tubercle 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 None
(Signed) Just B. Carlisle M. D.
(Address) 314 Bohia Sedalia Mo.

