

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 30A

File No. 542328
Registered No.
St. Ward

2. FULL NAME Harry 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 Male 4. COLOR OR RACE White 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) Nov 22-1880

7. AGE YEARS 53 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

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

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) July 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lanning Mo

13. NAME Madison Webb

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

15. MAIDEN NAME Smith

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

17. INFORMANT Mrs Tom Gites (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Lanning DATE Apr 21-1934

19. UNDERTAKER Goodman & Colley (ADDRESS) Boonville Mo

20. FILED H-21 1934 D. W. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1933 to April 21 1934

I last saw him alive on Feb. 21 1934 Death is said to have occurred on the date stated above, at 7:00 P. m.

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

Aneurysm of arch of aorta Date of onset 1932

Other contributory causes of importance: no

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

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 T. C. Beckett (Signed) Boonville, Mo M. D. (Address)

