

**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 Wapeka
Township Wapeka
City Wapeka (No. 10)

Registration District No. 1409
Primary Registration District No. 1247
5-3-1-P

File No. 13256
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. John Charles Webster
(Usual place of abode) Wapeka, Mo. R. # 2 Ward _____

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 12

OCCUPATION 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City
New York

FATHER 13. NAME William Donath

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

MOTHER 15. MAIDEN NAME Elizabeth Webster

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

17. INFORMANT (ADDRESS) Mrs. Emma Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Wapeka Cemetery April 18 1934

19. UNDERTAKER (ADDRESS) Webb City Undertaking Co.

20. FILED 4-24 1934 W. J. G. [Signature] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to April 16 1934
I last saw him alive on April 15 1934 Death is said to have occurred on the date stated above, at 7:40 m.

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

Warma & Smith Date of onset 11-34
1937
137
137
Other contributory causes of importance enlarged prostate

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. J. G. [Signature] M. D.
(Address) Webb City Mo

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.

MISSOURI STATE BOARD OF HEALTH—NON-PAYING INK—THIS IS A PERMANENT RECORD

