Rev. I

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

Do not use this space.

42120

JAN 14 1935

1. PLACE OF DEATH

County: Butler — Registration District No.: 89

Township: — Primary Registration District No.: 3007

City: Poplar Bluff (No. 1323 Maud St. St. Ward)

File No.:

Registered No.: 255

2. FULL NAME Unnamed baby of Virgil and Obera Webb

(a) Residence, No. 1323 Maud 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ~~1~~ 10 hrs. or 30 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Poplar Bluff Missouri

FATHER

13. NAME Virgil Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott Arkansas

MOTHER

15. MAIDEN NAME Obera Sism

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Missouri

17. INFORMANT (ADDRESS) Virgil Webb 1323 Maud St. Poplar Bluff,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn cemetery DATE Dec. 2, 1934

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED 12/2 1934 O.C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1934, to 12-1-, 1934

I last saw him alive on 12-1-, 1934. Death is said to have occurred on the date stated above, at 3:30 m. P.M.

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

	Date of onset
Premature infant (Birth)	
32 weeks gestation	

Other contributory causes of importance:

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) Alfred Olson, M. D.

(Address) Poplar Bluff, Mo.