

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

Do not use this space.

4838

MAR 22 1935

1. PLACE OF DEATH
 County Dallas Registration District No. 243
 Township Sheldon Primary Registration District No. 337
 City Fair Grove (No. _____) St. _____ Ward _____

2. FULL NAME Ely A. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Webb
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-9-1852
 7. AGE YEARS 83 MONTHS _____ DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blind
 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) Dallas (STATE OR COUNTRY) Mo

FATHER
 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT T. A. Davis (ADDRESS) Fair Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Anne DATE Feb-3-35

19. UNDERTAKER R. B. Jones (ADDRESS) Fair Grove Mo

20. FILED 3/10 1935 M. T. Kea Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-1-35
 22. I HEREBY CERTIFY, That I attended deceased from Feb-1-35, 1935, to Feb-1-35, 1935.
 I last saw him alive on Feb-1-35, 1935. Death is said to have occurred on the date stated above, at 4 p.m.

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

Influenza
11/30
 Date of onset _____

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) E. M. Bailey, M. D.
 (Address) Fair Grove 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.

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