

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

Do not use this space.

MAR 27 1935

6169

1. PLACE OF DEATH
 County Morgan Registration District No. 597
 Township Oregon Primary Registration District No. 5795
 City Leadville (No. 75) St. Leadville Ward 75

2. FULL NAME James H. Webb
 (a) Residence, Leadville St. Leadville Ward. 75
 (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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1878

7. AGE YEARS <u>78</u>	MONTHS <u>3</u>	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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)
 13. NAME Jos. H. Webb
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Leadville
 15. MAIDEN NAME Susan Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co.
 17. INFORMANT (ADDRESS) John Webb Versailles, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Locust DATE 2-17-35
 19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles, Mo.
 20. FILED..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Feb 10, 1935.
 I first saw him alive on Feb 2, 1935. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Fracture of Hip from a fall Date of onset 1935

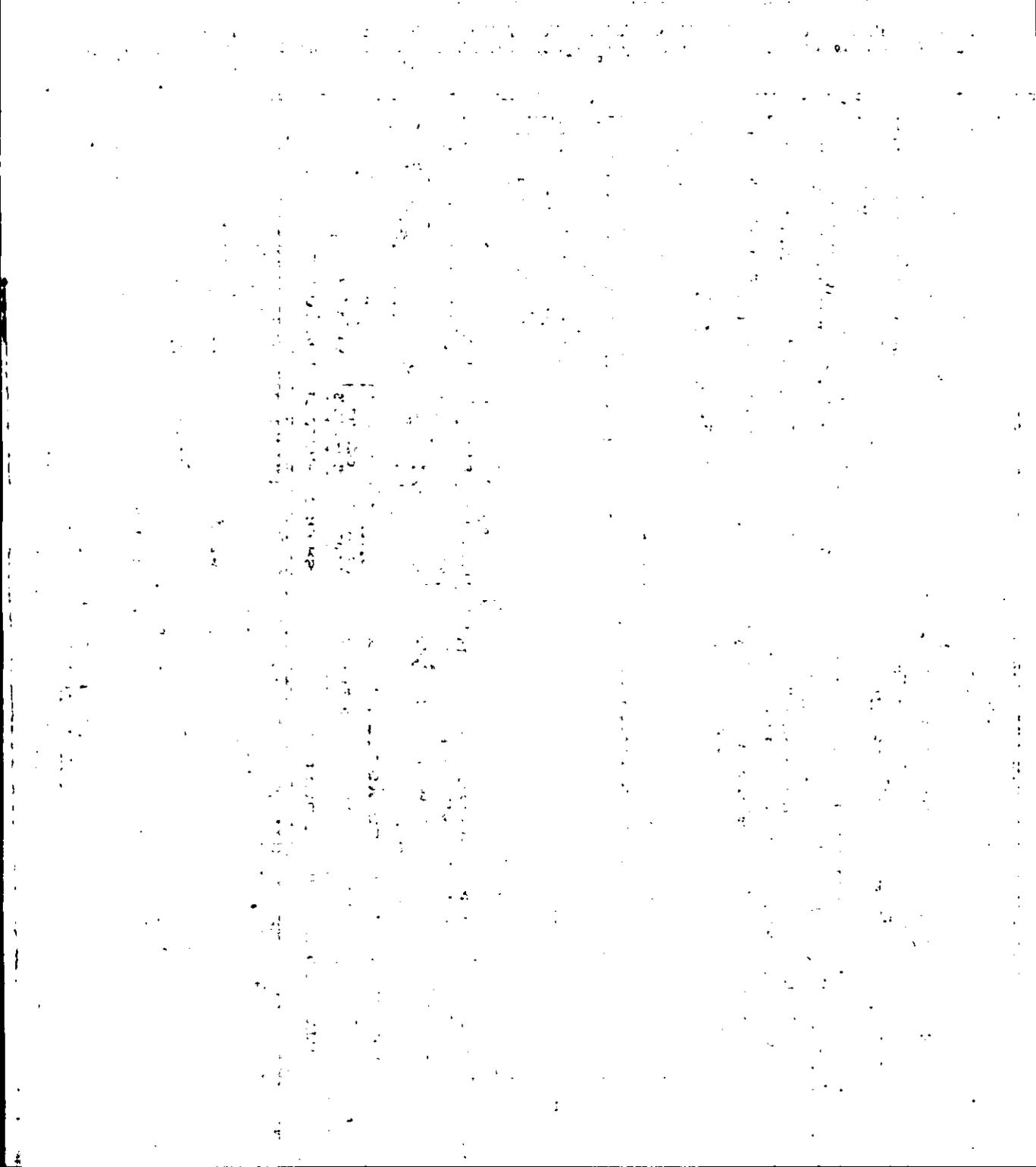
Other contributory causes of importance: None

Name of operation None 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 Aug 10, 1934
 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.....
 (Signed) S. M. Newton, M. D.
 (Address) Versailles 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
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Maryon
Township.....
City..... (No. St. Ward)

Registration District No. 397
Primary Registration District No. 5795

File No. 23
Registered No. 577

2. FULL NAME

(a) Residence, No. James W. Webb 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>w</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane a Delaney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>oct. 16 - 1857</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>3</u>
		DAYS
		<u>25</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	
	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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 to Feb 10, 1935

I last saw James W. Webb alive on Feb 2, 1935. Death is said to have occurred on the date stated above, at 10 A. m. The principal cause of death and related causes of importance were as follows:

Fracture of hip from fall
1860
Other contributor causes of importance:
none

Name of operation none 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? accident Date of injury March 31
Where did injury occur? at his home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Fell from roof of house
Manner of injury during fire
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. N. Newton, M. D.
(Address) Verdelles mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....
	13. NAME <u>James H Webb</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	15. MAIDEN NAME <u>Mrs W. Wilson</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>
	17. INFORMANT (ADDRESS) <u>John Webb</u>
BURIAL	18. BURIAL, CREMATION, OR REMOVAL <input checked="" type="checkbox"/> <u>burial</u>
	PLACE <u>church</u> DATE <u>2/12</u> 19 <u>35</u>
UNDERTAKER	19. UNDERTAKER (ADDRESS) <u>W. F. Redwell</u>
FILED	20. FILED <u>11-24</u> 19 <u>Feb</u> <u>H. E. Callison</u> Registrar.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APR 26 1935

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