AUG 20 1935

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

Do not use this space.

20014

File No. 2860

Registered No.

1. PLACE OF DEATH
County Jackson. Registration District No. 3[illegible]
Township Kaw. Primary Registration District No. 1903
City Kansas City (No. 314 West 43rd St. Ward)

2. FULL NAME Octavia F. Webster
(a) Residence, No. 314 W. 43rd St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1854
7. AGE YEARS 80 MONTHS 11 DAYS 13. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Virginia

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
15. MAIDEN NAME Emily Hawkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Ethel McGee 314 W. 43rd.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE 7/2 1935
19. UNDERTAKER (ADDRESS) Hatkins Bros 1729 Lydia
20. FILED 7-1-1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to June 29, 1935
I last saw her alive on 6-29, 1935. Death is said to have occurred on the date stated above, at 12:20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	6 mo
93	

Other contributory causes of importance:
Senility

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? No 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) J. L. Laffoon, M. D.
(Address) [illegible]

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33

Lafforn Rialto Bldg