JAN 15 1936

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

Do not use this space.

38651

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1320

City St, Joseph Mo (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mary Ellen Webb

(a) Residence, No. 115½ W. Michell 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1904

7. AGE: YEARS 30 — MONTHS 11 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) La Cygne Kansas

FATHER

13. NAME William Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Mena Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs Maggie Webb 911 Dewey Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Cygne Kansas DATE Dec 27, 1935

19. UNDERTAKER (ADDRESS) B.F. Graves Funeral Home 806 South 17th St. St. Joseph Mo

20. FILED 12-27 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1935, to Dec 17, 1935
I last saw her alive on Dec 17, 1935. Death is said to have occurred on the date stated above, at 11:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of Stomach (Post Operative)	Dec 17.

Other contributory causes of importance: Tonsillectomy

Name of operation Tonsillectomy Date of Dec 17,
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
If so, specify
(Signed) J. J. Berney, M. D.
(Address) 603 Corby Bldg St Joseph Mo

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.

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Cow [illegible]