

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

Do not use this space.

1245

1. PLACE OF DEATH

County Jackson
Township Ran
City Kansas City (No. Research Hospital)

Registration District No. 2
Primary Registration District No. Research Hospital

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME Miss Elma J. Webster

(a) Residence, No. R.R. 6, Independence, Mo., Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE white 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) Oct. 26 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
87 2 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
10. Date deceased last worked at this occupation (month and year) Oct. 24, 1935 11. Total time (years) spent in this occupation. 70 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Ind.

FATHER
13. NAME Lester Webster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Martha Jolley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Clara Esten Karr
(ADDRESS) 31st + Sunwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Chenwood DATE Jan. 8 36

19. UNDERTAKER Fairweather - Werner
(ADDRESS) Kansas City, Kansas

20. FILED Jan 8, 1936 M.M. Brown
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1935 to January 6, 1936
I last saw h.p.r. alive on January 6, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis
Ruptured Appendix
Gall Stones
Intertrochanteric fracture left femur

Date of onset	<u>1-3-36</u>
	<u>1-2-36</u>
	<u>with known</u>
	<u>10-25-35</u>

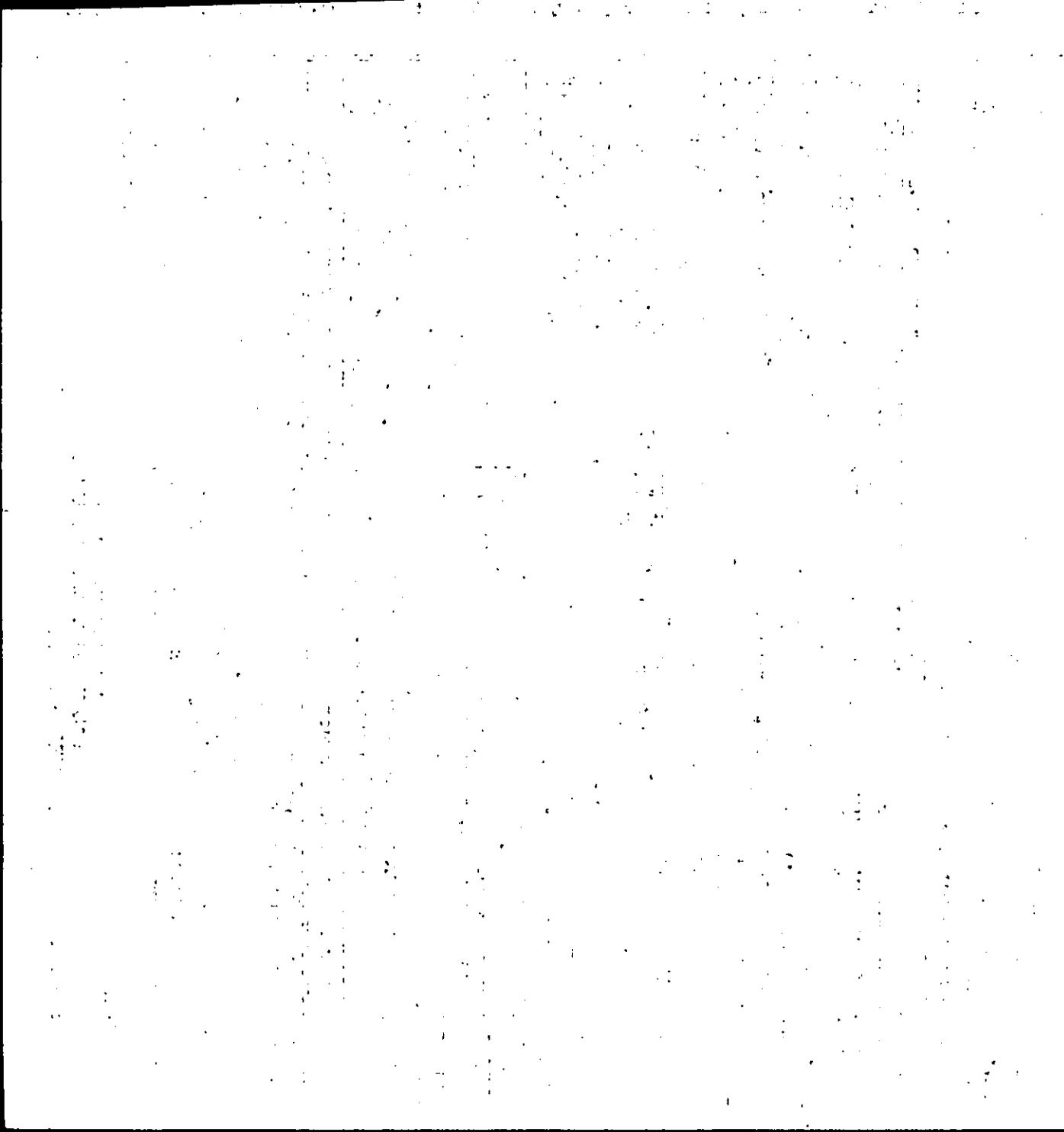
Name of operation Whitman Operation Spine last Date of 11-7-35
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) James R. Ellis, M.D., M. D.
(Address) 1332 Professional Bldg.
Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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County Jackson

Registration District No. _____

File No. _____

Township _____

Primary Registration District No. _____

Registered No. 98

City Stansas City (No. Research Hospital)

St. _____ Ward _____

2. FULL NAME

Miss Elma J. Webster

(a) Residence, No. R.P. Independence 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

MEDICAL CERTIFICATE OF DEATH

3. SEX f 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS 87 2 11 11 11 LESS than 1 day hrs. min.

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

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 in this occupation (month and year)
11. Total time (years) spent in this occupation

General Peritonitis
Ruptured Appendix
Gall Stones

Date of onset 1-3-36
1-2-36
unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
Intertrochanteric fracture
left femur

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? NO

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? Rural Jackson County
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.
Rural filling station

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury Steped from a platform on which hanging

Nature of injury Fracture left femoral neck

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED 7-7-36 M. M. Brown Registrar

(Signed) James K. Elliott M. D.
(Address) 1332 Professional Bldg

SUPPLEMENT

5-1245