MAY 19 1936

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

Do not use this space.

9587

1. PLACE OF DEATH
County Camden Registration District No. 121 File No.
Township Osage Warren Primary Registration District No. 5173 Registered No.
City (No. , St. Ward)

2. FULL NAME Mary Opal Webster.
(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 Female
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 Wayne Webster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1915
7. AGE YEARS 20 MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or 20 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. Housewife
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) Camden Co Mo

FATHER
13. NAME Henry Forbes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

MOTHER
15. MAIDEN NAME Hulda Parmley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co, Mo.

17. INFORMANT (ADDRESS) Otto Crall Camdenton, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Decatorville DATE Mar 3 1936
19. UNDERTAKER (ADDRESS) Abbie Bankson Woolery Camdenton, Mo
20. FILED 4-24, 1936 Becca Claiborne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936, to Mar 1, 1936
I last saw her alive on Mar 1, 1936. Death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Puerperal Fever	36

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Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Phy Sighs Was there an autopsy? no

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 none
(Signed) E. E. Claiborne, M. D.
(Address) Camdenton, Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.