

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

JUN 20 1936

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

Do not use this space.

19118

1. PLACE OF DEATH

County Green Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo. No. Pythian Home St. _____ Ward _____

File No. _____
Registered No. 414

2. FULL NAME

(a) Residence, No. Pythian Home St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 10 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Lloyd Webster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21 - 1856</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>contractor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	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) <u>New Philadelphia Ohio</u>		
FATHER	13. NAME <u>Geo Webster</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Ellen Kormanis</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>E. J. Gay Pythian Home</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelwood</u> DATE <u>May 4, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Th. C. Threms Springfield, Mo</u>		
20. FILED <u>5-4-</u> 19 <u>36</u> <u>Dr. Charles George</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to May 2, 1936
I last saw h.A.A. alive on May 1, 1936. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset Nov.

Other contributory causes of importance:
Senility 10 yrs

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 _____, 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) H. J. Beatie, M. D.
(Address) 500 W. 1st St., Springfield, Mo

