

JUL 10 1936

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

Do not use this space.

22081

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 908 Alabama)

File No.

Registered No. 851

St. Ward

2. FULL NAME Robert Lavon Webb

(a) Residence, No. 908 Alabama St. Ward.

(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 Male 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) June 25, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

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 at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph Missouri (STATE OR COUNTRY)

13. NAME Ronald Aric Webb

14. BIRTHPLACE (CITY OR TOWN) St. Joseph/Mack Creek Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Wildred Lorena McCoy

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

17. INFORMANT Ronald A. Webb (ADDRESS) 908 Alabama St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE June 25, 1936

19. UNDERTAKER Heaton-Besole & Downan (ADDRESS) St. Joseph, Missouri

20. FILED 6/26 1936 H. J. Nestleburgh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936, to June 25, 1936. I last saw him alive on June 25, 1936. Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Premature birth
About 23rd week
Gestation
15A

Other contributory causes of importance:

Probably labor brought on by a strain in mother

Name of operation Clam Date of 6/25
What test confirmed diagnosis? Clam 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 H. A. Robertson, M. D.
(Signed) H. A. Robertson
(Address) 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.

