

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.

DEC 3 1936

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

Do not use this space.

38493

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Neosho Primary Registration District No. 5802
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John Quincy Adams Webber
 (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 <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>Grace Webber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 1864</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAYS <u>18</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>Farmer</u>	
	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) <u>Pella Missouri</u>		
FATHER	13. NAME <u>Nicholas Webber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
17. INFORMANT <u>Grace Webber</u> (ADDRESS) <u>Neosho Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>App. Valley Cem</u> DATE <u>10-6-36</u>		
19. UNDERTAKER <u>Beighan's</u> (ADDRESS) <u>Neosho Mo</u>		
20. FILED <u>10-7-1936</u> <u>Anna D. D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Broken neck caused by fall - deceased had suffered heart attacks previously, and probably had an attack and fell into a ditch, breaking his neck =
 Date of onset _____
 Other contributory causes of importance:
Was found by side of road - had been dead about 14 hours when found

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death is due to external causes (violence), fill in also the following:
 Accidental, suicide, or homicide? Accidental Date of injury 10-3-36
 Where did injury occur? near Neosho Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
on Public Road

Manner of injury _____
 Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Ashley Beighan Coome
 (Address) Neosho Mo

