

DEC 29 1936

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

Do not use this space.

42022

1. PLACE OF DEATH

County Newton
Township
City Neosho

Registration District No. 609
Primary Registration District No. 4363
(No. Sale Hospital)

File No.
Registered No. 127
St. Ward

2. FULL NAME

Galdie Gertrude 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11, 1913</u> | | |
| 7. AGE YEARS <u>23</u> | MONTHS <u>11</u> | DAYS <u>17</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u> | | 11. Total time (years) spent in this occupation |
| 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) |

| | |
|---|---|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u> |
| | 13. NAME <u>John Webber</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| | 15. MAIDEN NAME <u>Grace Wilkinson</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Texas</u> |
| | 17. INFORMANT (ADDRESS) <u>Grace Webber Neosho Mo</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Valley Cem</u> DATE <u>11/16</u> 19 <u>36</u> | |
| 19. UNDERTAKER (ADDRESS) <u>Debanis Neosho Mo</u> | |
| 20. FILED <u>11-16</u> 19 <u>36</u> <u>Paul A. Sale, M.D.</u> Registrar. | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1936 to Nov 14 1936
I last saw him alive on Nov 14 1936 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Typhoid Fever with perforated bowel & thrombosis

Date of onset Oct 12

Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) W. C. Bowman, M. D.
(Address) Neosho, Mo

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.

WHITE-CAMMELL WITH UNFADING INK—THIS IS A PERMANENT RECORD

