

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

Do not use this space.

JAN 20 1937

45127

4-1. PLACE OF DEATH
 County Jasper Registration District No. 409
 Township Castlewille Primary Registration District No. 131
 City Castlewille (No. _____) St. _____ Ward _____

2. FULL NAME Uebsa M. Webb
 (a) Residence, No. 200 W. Main St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE Caucasian
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John H. Webb
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14, 1860
 7. AGE YEARS 76 MONTHS 3 DAYS 3
 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/36, 19
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1936 to Dec 15, 1936
 I last saw her alive on Dec. 15, 1936. Death is said to have occurred on the date stated above, at 5 A.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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 ✓

Influenza
 Date of onset Dec 8th 1936
 Other contributory causes of importance: Age and Hemiplegia

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 13. NAME Robert Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data
 MOTHER
 15. MAIDEN NAME Charity Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

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

17. INFORMANT C. R. Purness (son)
 (ADDRESS) 231 E. 1st, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Mo. DATE 12/19/36, 19____
 19. UNDERTAKER Helge Nelson Purness Home
 (ADDRESS) Webb City Mo.
 20. FILED Dec. 18, 1936 J. W. Clark
 Registrar.

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) J. W. Clark, M. D.
 (Address) Castlewille, Mo.

Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township
City Carterville (No. _____, St. _____ Ward)

Registration District No. 407
Primary Registration District No. 4241

File No. _____
Registered No. _____

2. FULL NAME Ueba M. Webb

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17, 1926

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. Last saw h. _____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	min.
	<u>76</u>	<u>3</u>	<u>3</u>			

Influenza Date of onset

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) _____ Total time (years) spent in this occupation _____

To cerebral hemorrhage.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED Dec. 18 27 J. W. Clark Registrar

Other contributory causes of importance
Templesia due to cerebral hemorrhage.

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) J. A. Clark, M. D. (Address) Carterville mo

Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

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