MAR 18 1937

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

Do not use this space.

5741

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: Franklin
Township: Meramec
City ..... (No. ..... St. ..... Ward)

Registration District No. 55
Primary Registration District No. 54 DR 3

2. FULL NAME: Loy E. Webster

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 12 1917

7. AGE: Years 19 | Months | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sup School
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): Holcomb

FATHER
13. NAME: Clarence Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clarence Martin Holcomb Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Cross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holcomb Mo.

17. INFORMANT (ADDRESS): Clarence Martin

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Pine City Cem. DATE: 12-3 1936

19. UNDERTAKER (ADDRESS): Russell Undertaking Co. Pacific Mo.

20. FILED: 12-3-1936 J. L. Anderson Registrar.

3-17-37

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Unattended by ....., 19..., to ....., 19...
I last saw him alive on Doctor, 19..... Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull crushed in Automobile wreck	

Other contributory causes of importance:

Name of operation ..... 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~~? Accident Date of injury 12-3, 1936
Where did injury occur? Public Highway
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Crushed by Auto.
Nature of injury: Skull crushed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: —
(Signed) D. Kaylor Bro, M. D.
(Address) Fremont 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD