

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Haw
City W. E. Mo (No. Mercy Hospital)

Registration District No. 399File No. 9493Primary Registration District No. 10037Registered No. 2712

2. FULL NAME

(a) Residence, No. Webb, Mary Ann St. Windsor, Mo
(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 7 4. COLOR OR RACE W 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) July 20, 1934

7. AGE YEARS 2 MONTHS 9 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Johnson Co Mo

13. NAME W. M. Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

15. MAIDEN NAME May Evans

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

17. INFORMANT (ADDRESS) W. M. Webb Windsor, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo DATE 3/10/37

19. UNDERTAKER (ADDRESS) The Greenway Phillips Warrensburg, Mo

20. FILED Mar 9, 1937 W. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937, to March 9, 1937

I last saw h.c. alive on March 9, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Tuberculous Meningitis Date of onset 3-2-37

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? Lab 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

(Signed) Harry O. Emery M. D.

(Address) 806 S. 1st St. Keokuk, 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.

