

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City of St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 1756a Mississippi Ave. St. Ward)

File No. 10026
Registered No. 2587

2. FULL NAME Laura Jane Webb

(a) Residence, No. 1756a Mississippi Ave. 2 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Wm. A. Webb		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1881		
7. AGE YEARS 55	MONTHS 5	DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		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).....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 to Mar 4, 1937. I last saw her alive on Mar 3, 1937. Death is said to have occurred on the date stated above, at 12 P. m.

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

Pneumonia
Obtundia

Date of onset

Other contributory causes of importance:

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

13. NAME John Jackson

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

15. MAIDEN NAME Lucy Bugg

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

17. INFORMANT Ruth Bynum
(ADDRESS) 1756 Mississippi Ave

18. BURIAL PLACE OR REMOVAL PLACE Cemetery DATE

19. UNDERTAKER R. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED MAR 5 1937 J. Brudeck Registrar.

Name of operation
What test confirmed diagnosis
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) Mrs. A. Rego, M.D. (Address) 7446 Grand

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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