APR 15 1937

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

Do not use this space.

File No. 11051

Registered No. 19

1. PLACE OF DEATH
County Barton
Township
City Lamar (No. , St. Ward)

Registration District No. 40
Primary Registration District No. 4024

2. FULL NAME Catherine Jane 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20th, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	0	26	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermillion CO, Ill.

FATHER
13. NAME John Higgins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Co, Ind.

MOTHER
15. MAIDEN NAME Hettie Jacobs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

17. INFORMANT Mrs Grace Carter
(ADDRESS) Lamar, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh Cemetery Near Liberal, MO. DATE 3-18-37, 19

19. UNDERTAKER River Funeral Home
(ADDRESS) Lamar, MO.

20. FILED Mch-17, 1937 Mrs Josephine Myratt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19..., to Mch-16-, 1937
I last saw her alive on Mch-15, 1937. Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular disease	

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? 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) Thos F Mullen, M. D.
(Address) Lamar 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.