

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

28 County Black
Township Union
City (No.) St. Ward)

Registration District No. 190
Primary Registration District No. 5265

File No. 16043
Registered No. 14

2. FULL NAME

Mary Alba Webster
(a) Residence, No. St. 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 F. M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1869

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
67 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Joppee Co. Illinois

13. NAME Charles Morris

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

15. MAIDEN NAME Frances Harriet Mosley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muswell Co Ill.

17. INFORMANT Thompson Morris
(ADDRESS) Kabota Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE March 16, 1937

19. UNDERTAKER Fred Charles
(ADDRESS) Kabota Mo.

20. FILED 5/10 19 37 J. M. Duda
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1937 to March 14, 1937

I last saw him Feb. 20, 1937 alive on Feb. 20, 1937 Death is said

to have occurred on the date stated above, at 5:15 P.M.

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

Carcinoma of Rectum Date of onset 2 yrs.

Other contributory causes of importance: 60

Name of operation None Date of _____

What test confirmed diagnosis clinical 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? _____

If so, specify _____

(Signed) M. G. Hobbs M. D.

(Address) Kabota Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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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JUDICIAL DEPARTMENT

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