

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

Do not use this space.

**JUN 18 1937**

1. PLACE OF DEATH  
 County Christian Registration District No. 184 File No. 19781  
 Township Winley Primary Registration District No. 4110 Registered No. 16  
 City Ozark, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maggie Webb  
 (a) Residence, No. Ozark, Missouri St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 W. C. Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>63</u>	<u>61</u>	<u>7</u>	<u>27</u>	

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) Near Prospect in Christian County, Mo.

FATHER

13. NAME William B. Marley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Emma Tillman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT W. C. Webb  
 (ADDRESS) Ozark, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark Cemetery DATE May 21, 1937

19. UNDERTAKER B. C. Klepner  
 (ADDRESS) Ozark, Missouri

20. FILED June 1<sup>st</sup> 1937 Luella Leonard  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937, to May 18, 1937.  
 I last saw her alive on May 18, 1937. Death is said to have occurred on the date stated above, at 3:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis of Lung  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 3

Name of operation None 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? 16  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Wade, M. D.  
 (Address) Ozark Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state

JUN 1 1961