

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 396  
Township One & a half Primary Registration District No. 533/A  
City Bushers (No. F.D.       ) St.        Ward       

File No. 20236  
Registered No.       

2. FULL NAME

Claborn Turner Webb  
(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 0 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Picture Farm  
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) Jackson Co Mo

13. NAME Claborn Webb

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

15. MAIDEN NAME Lane

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

17. INFORMANT Mrs Turner Webb (ADDRESS) Bushers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabland City DATE 5-2-37

19. UNDERTAKER R. B. Webb (ADDRESS) Blue Springs Mo

20. FILED 62 1937 of Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937, to April 30 1937

I last saw him alive on April 28 1937. Death is said to have occurred on the date stated above, at 7 p m.

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

Carcinoma - on and back of face and neck

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) J. R. Grant M.D. (Address) Grain Valley 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.

