

SEP 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

81 County Phelps  
Township Rolla  
City Near Rolla (No. \_\_\_\_\_)

Registration District No. 677  
Primary Registration District No. 5901

File No. 31476  
Registered No. 111  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Floy Weldon Webb  
(a) Residence, No. Rolla Mo 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 Male 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 Florence Hope Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-7-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 9 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Service  
10. Date deceased last worked at this occupation (month and year) 8-28-37 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steelville, Mo.13. NAME Ferd W. Webb

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

15. MAIDEN NAME Alice Herrington16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto, Mo.17. INFORMANT Florence Hope Webb (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rolla DATE 8-31 193719. UNDERTAKER Ms. Harry McCaw (ADDRESS) Rolla, Mo.20. FILED Aug 30 1937 Jos. F. Ayers Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ P. M.

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

By accidental drowning in little dry Fork river while fishing  
Date of onset \_\_\_\_\_

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? accident Date of injury 8-29, 1937Where did injury occur? on little dry Fork 10 miles S of Rolla  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury struck

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) Dr. Dick Linder Coroner M. D.(Address) St James M. O.

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.

