

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Candran Registration District No. 26
Township _____ Primary Registration District No. 3002
City Mexico Mo. (No. Andraie Hospital) St. _____ Ward _____

File No. 33548
Registered No. 148

2. FULL NAME

Marie C. Webb Marie C. Webb
(a) Residence, No. Vandalia mo R.F.D. 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 F 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 W. Stojely Webb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1903
7. AGE YEARS 34 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
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 14

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from about 4:30 a.m. Sept 30 1937, to their 2:00 a.m. Sept 30 1937

I last saw her _____ alive on Sept 30 - 11 a.m., 1937. Death is said to have occurred on the date stated above, at 11 a.m.

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

Postpartum Hemorrhage
Medicine
Marginal Implantation of Placenta
Date of onset 9/30/37
Other contributory causes of importance? Anemia secondary
Myocarditis 144 b

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1937
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? no
If so, specify _____

(Signed) D. J. P. Dougherty 3 D.O.
(Address) 204 1/2 N. Main St.
Vandalia, Missouri

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
13. NAME J. W. Utterbrock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Letta A. Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Martin Utterbrock
(ADDRESS) Vandalia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE Oct 2 37
19. UNDERTAKER W. J. Waters
(ADDRESS) Vandalia Mo
20. FILED Sept 30 1937 Blanche Reely
Registrar

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.

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OCCUPATION
FATHER
MOTHER

