

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Iron Registration District No. 391 File No. 34394
Township Arcadia Primary Registration District No. 4230 Registered No. 52
City Grant (No. _____) St. _____ Ward _____

2. FULL NAME Anderson 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. 9 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jucya Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1877

7. AGE YEARS 39 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Reynolds County Mo.

13. NAME John Webb

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

15. MAIDEN NAME Sarah Mann

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

17. INFORMANT (ADDRESS) Felix Max Gulian

18. BURIAL, CREMATION, OR REMOVAL PLACE Super mo. DATE Sept 22 37

19. UNDERTAKER (ADDRESS) H. W. Gish

20. FILED Sept 21 1937 R. A. Pasche Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1937 to Sept 21, 1937

I last saw him alive on Sept. 21, 1937. Death is said

to have occurred on the date stated above, at 1:49 p.m.

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

Bronchial Pneumonia Date of onset 9/19/37

Other contributory causes of importance: 1070

Chronic cystitis
2. hypertrophied prostate

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no

If so, specify _____

(Signed) R. E. Harland, M. D.

(Address) Grant, mo.

