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 26 1937

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

Do not use this space. Platte

1. PLACE OF DEATH
County Scotland — Registration District No. 810 — File No. 35436
Township Jefferson — Primary Registration District No. 4488 — Registered No. 48
City Memphis (No. ..... St. ..... Ward)

2. FULL NAME John T. Webb
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Louise Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 29 1860

7. AGE: YEARS 77 — MONTHS 6 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drayman
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): Mexico Mo.

FATHER
13. NAME: Joseph H Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kent.

MOTHER
15. MAIDEN NAME: Mary Jane Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Clyde Webb Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis Cem. DATE Sept 19 1937

19. UNDERTAKER (ADDRESS): Gerth Bisketh Memphis Mo.

20. FILED OCT 2 - 1937 19 C. C. Pance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1935, to Sept 15, 1937. I last saw him alive on Sept 15, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
appoplexy	
B1	

Other contributory causes of importance: Chr. nephritis (interstitial)

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical & chemical 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 ....., 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) A. E. Platter, M. D.
(Address) Memphis Mo