

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.

DEC 20 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. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. Research Hosp.)

40146

File No. 4400  
Registered No. 4400  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Virginia Susan Webber

(a) Residence, No. 1214 Brush Creek St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edward Earl Webber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>58</u>	<u>7</u>	<u>4</u>	

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

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) Mo.

13. NAME W. C. Christopher

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

15. MAIDEN NAME Mary Warren

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

17. INFORMANT Edward Earl Webber (ADDRESS) 1214 Brush Creek

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville, Mo. DATE Nov 6 1937

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) \_\_\_\_\_

20. FILED Nov 5 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1937

22. I HEREBY CERTIFY, that I attended deceased from Oct 29th 1937 to Nov 5 1937  
I last saw him alive on Nov 5 1937. Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Hypostatic pneumonia Date of onset 11/2/37

82a  
Other contributory causes of importance:  
Arteriosclerosis  
Chronic Bronchitis  
Emphysema 11/1/37

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Ch. & Lab. 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) D. W. Newcomer M.D.  
(Address) 4800 E. 27th St. C. Mo.

JUL 15 1941

APR 9 1945

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