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.

JAN 17 1938

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

Do not use this space.

44079

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4982
City Kansas City, Mo (No. 4426 Genesee St. Ward)

2. FULL NAME Mrs. Scythia Etta Webb
(a) Residence, No. 4426 Genesee 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 13, 1864

7. AGE: Years 73 — Months 6 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: 2.62
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): Stepstone Kentucky

FATHER
13. NAME: Charles Carpenter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Wyatt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mr. Yuell Webb, 4311 Eaton, K. C. Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec. 13 1937

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED Dec 10, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1937, to Dec 10, 1937
I last saw her alive on Dec 9, 1937. Death is said to have occurred on the date stated above, at 6 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	About 6/1/36
48	

Other contributory causes of importance:
Unknown

Name of operation none Date of
What test confirmed diagnosis Physical Exam. 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) [signature], M. D.
(Address) 1303 Waldheim Bldg. K. C. Mo.

Dr. W. D Stipe
Waldheim Bldg
11-5:30 PM