

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

14422
 Do not use this space.

REC'D MAY 11 1938

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 135
 (c) City Jefferson City (d) Street No. 431 Adams St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 431 Adams St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1898
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 39 1 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Jefferson city mo.

13. NAME Robert Webb

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

15. MAIDEN NAME Leona Olivia Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson city mo.

17. INFORMANT (ADDRESS) Mrs. Leona Olivia Webb
431 Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE City cemetery DATE Apr. 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. D. Hardman
Jefferson city mo.

20. FILED 4/28/38 1938 D. B. Lyall M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1938 to Apr 27 1938
 I last saw him alive on Apr 27 1938 Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchi Date of onset Apr 20 1938
107 300
 Other contributory causes of importance: Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chest 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) Jas. H. Stilly M. D.
Jefferson city mo. (Address)

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.

MINNESOTA DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
STATE OF MINNESOTA

1900

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.