

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18558

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 11
 (b) Township Graham Primary Registration District No. 26-1 Registered No. 109
 (c) City Riches (d) Street No. 26-1 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Riches
 (e) Length of residence in city or town where death occurred yrs. mos. da. 109 How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 26-1 Riches St. Riches (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1870

7. AGE YEARS 67 MONTHS 9 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 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) Cass Co. Mo.13. NAME Alex Webb14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalhousie Co. Ill.15. MAIDEN NAME Louise Clay16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs. Mae Webb
Jasper Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 6-1-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Webb
Jasper Mo.20. FILED 6-1-38 Ed. J. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-3822. I HEREBY CERTIFY that I attended deceased from Apr 3 to May 30I last saw him alive on Apr 30, 1938 Death is saidto have occurred on the date stated above, at 6:30 am.

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

Chronic Myo Carditis Date of onsetOther contributory causes of importance: AS

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

A. Was disease or injury in any way related to occupation of deceased?

So, specify W. H. Webb(Signed) Jasper Mo. M. D.

(Address)

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

Steve Parker

Licensed Embalmer No.

25148

P. O. Address

Wp'ln mo

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.