

REC'D JUL 17 1938

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

22216

Do not use this space.

## 1. PLACE OF DEATH

(a) County Johnson Registration District No. 14  
(b) Township Jefferson Primary Registration District No. 5587 Registered No. \_\_\_\_\_  
(c) City Jefferson (d) Street No. \_\_\_\_\_ 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Olive Mae Webb  
(a) Residence, No. \_\_\_\_\_ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Webb  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1911  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 8 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greator Mo Hickory Co

13. NAME Tom Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co

15. MAIDEN NAME Mathie North

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co

17. INFORMANT (ADDRESS) Wm Webb Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle Cem DATE June 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Wilkinson Clinton Mo

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 1938

22. I HEREBY CERTIFY, that I attended deceased from June 12 1938 to June 22 1938  
I last saw her alive on June 18 1938 Death is said to have occurred on the date stated above, at 10:20 P.M.  
The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. J. Jennings M. D.

319 (Address) Windsor Mo

**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 with the above constitutes grounds for revocation of license.)**

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22216  
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1. PLACE OF DEATH  
(a) County Johnson Registration District No. 14  
(b) Township Jefferson Primary Registration District No. 5387 Registered No. 2  
(c) City..... (d) Street No..... 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 Oliver Mack Webb  
(a) Residence, No. .... St.   
(Usual place of abode, if no street address, write county or city) (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 Wm Webb  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1911  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
27 8 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Preston  
(STATE OR COUNTRY) Henry Co Mo

FATHER  
13. NAME Tom Evans

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

MOTHER  
15. MAIDEN NAME Mattie North

16. BIRTHPLACE (CITY OR TOWN) Cauder Mo  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Wm Webb Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle Cem DATE June 23 1938

19. FUNERAL DIRECTOR (ADDRESS) Fred J Wilkinson

20. FILED 6-23 1938 J. J. J. J. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 1938

22. I HEREBY CERTIFY That I attended deceased from June 12 1938 to June 22 1938  
last saw her alive on June 12 1938. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Other contributory causes of importance:  
Life

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.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) R. P. J. J. M. D.  
(Address) Windsor Mo

(Address) Windsor Mo

