REC'D APR 7 1939

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

Do not use this space.

2

1. PLACE OF DEATH
County Washington
Township
City Irondale (No. , St. Ward)

Registration District No. 886
Primary Registration District No. 4537

File No. 12672
Registered No.

110
1
0

2. FULL NAME James William Webb

(a) Residence, No. 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 male
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 Navada Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	7	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurenc salesman
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) Belleview, Mo

FATHER
13. NAME John D. Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.

MOTHER
15. MAIDEN NAME Laura Fitzpatrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleview . Mo.

17. INFORMANT (ADDRESS) John Webb Irondale, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concord cemetery DATE 3/12 1939

19. UNDERTAKER (ADDRESS) Zemo Boyer Desloge, Mo

20. FILED 3-11 1939 J. P. Yeager Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11/ 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1939 to 3/11 1939
I last saw him alive on 3/11 1939 Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

Cancer of intestine

46

Date of onset

Other contributory causes of importance:

Name of operation Interectomy Date of 9/18/38
What test confirmed diagnosis? 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. P. Yeager, M. D.
809 (Address) Irondale, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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