

AUG 17 1939

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

25252  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Camden Registration District No. 117  
 (b) Township Deer Primary Registration District No. 3167  
 or Camdenton  
 (c) City Camdenton (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 Robert Webb  
 (a) Residence, No. Camdenton, Mo 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 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 Appie Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 9 1

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. Retired farmer  
 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) Smithton Texas

13. NAME Robert Webb

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

15. MAIDEN NAME Mary Bayters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Glenn Webb  
Camdenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Conway Cem. DATE July 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bankson-Woolery  
Camdenton, Mo

20. FILED Aug 9 1939 Lizzie Miller  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1939

22. I HEREBY CERTIFY That I attended deceased from July 13 1939 to July 13 1939  
 I last saw him live on July 13 1939 Death is said to have occurred on the date stated above, at 1 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Intermittent Nephritis Date of onset 1927  
131  
 Other contributory causes of importance: none

Name of operation none Date of no  
 What test confirmed diagnosis? Phys Eng 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) D. E. O'Leary, M. D.  
 (Address) Camdenton, 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

13

City

1 X16905

RECEIVED

District Health Officer No. 7;

District File Number 7-35-1233

Date Filed 8-12-39

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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 Chas. Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

**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.**