

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Howell*
Township *Chapel*
City *Pomona* (No. *9*)

Registration District No. *385*
Primary Registration District No. *5-5-3-27*

File No. *20204*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Ann Webb

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *2* yrs. *7* mos. *6* ds. *8* How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(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) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Webb*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 6th 1862*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 74 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Howell Co Mo.*

13. NAME *Curtis Jordan Smotherman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Elizabeth Harper*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT *Mrs Lena Henry*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chapel Hill* DATE _____ 19____

19. UNDERTAKER *Walter Orine*
(ADDRESS)

20. FILED *6-10* 19*37* *J.W. Wainwright*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 12 1937*

22. I HEREBY CERTIFY, That I attended deceased from *April 23 1937* to *May 12 1937*
I last saw her alive on *April 28 1937*. Death is said to have occurred on the date stated above, at *10 P.M.*
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset _____

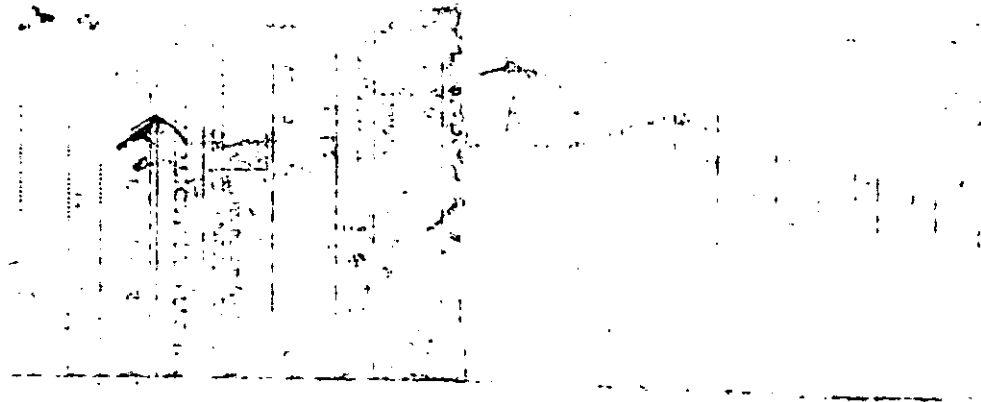
Other contributory causes of importance: *Old age*

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 *Elizabeth M. Ferguson*, M. D.
(Signed) *Mountain View Mo*
(Address)



5-20204