

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.

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

Do not use this space.
1119

1. PLACE OF DEATH

County Howell Registration District No. 383 File No. _____
 Town Goodsbury Primary Registration District No. 5334 Registered No. _____
 Precinct North View Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

John Dee Webb.
 (a) Residence No. North View Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 58 yrs. mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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 <u>Mary A Webb.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	81	-	5		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	Farmer				
	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)					
Kentucky					
FATHER	13. NAME				
	James Webb.				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
Not known.					
MOTHER	15. MAIDEN NAME				
	Not known.				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
Not known					
17. INFORMANT (ADDRESS)					
Mrs. Mike Harlow, Goodsbury Mo.					
18. BURIAL, CREMATION, OR REMOVAL					
PLACE	Chapel				
DATE	Jan 27 1937				
19. UNDERTAKER (ADDRESS)					
John L. Thomas, North View Mo.					
20. FILED					
2-8 1937 S. W. Whittingham Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1937 to Jan 25 1937

I last saw him alive on Jan 18 1936 Death is said to have occurred on the date stated above, at 8 P. M.

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

Influenza

Other contributory causes of importance:

General Senility

Name of operation _____ **Date of** _____

What test confirmed diagnosis? Physicist **as there an autopsy?** no

23. If death was due to external cause (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) E. R. Merrill M. D.
 (Address) North View Mo.

