

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

Do not use this space.

28025

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. 3238 Anderson)

Registration District No. 399

Primary Registration District No. 100

File No. _____
Registered No. 3727
St. _____ Ward _____

2. FULL NAME

Eva Sophronia Webber

(a) Residence. No. 3238 Anderson St. Ward. 9
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Fe -

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 31st 1929

17. I HEREBY CERTIFY, That I attended deceased from for
last 5 years, 1924, to August 31, 1929.
that I last saw her alive on August 1, 1929, and that
death occurred, on the date stated above, at about 10:30 after midnight.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
56. Btytic - an acute - inefficacy
112

(duration) 5 yrs. - mos. - ds.

CONTRIBUTORY Rheumatism of old age
(SECONDARY) (duration) 6 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture

(Signed) B. A. Boorman, M. D.

31, 19 29 (Address) 652 Board Trade
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Fred. M. Webber

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

Jan. 20 - 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, hrs.	or min.
	<u>69</u>	<u>7</u>	<u>10</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Geo. Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Elizabeth M. Van Velzer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

unknown

14. INFORMANT (Address)

Mrs Ernest A. Scholer
224 W 37th St

15. FILED 1929 M. M. Ernie REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hill DATE OF BURIAL Sept 3 1929

20. UNDERTAKER

Cyler Funeral Home ADDRESS K. O. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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31

