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.

JUL 22 193

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

Do not use this space.

20686

File No. 704

Registered No. 704

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St, Joseph Mo., (No. 2019 N Sylvanie St. Ward)

2. FULL NAME: N John Jackson Webster

(a) Residence, No. 2019 Sylvanie 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	88	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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 COUNTY) Maury County, Tenn

FATHER

13. NAME Meshica Webster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown Unknown

MOTHER

15. MAIDEN NAME Margaret Webster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs Hattie Henderson 2019 Sylvanie St

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE 7-2-31, 19

19. UNDERTAKER (ADDRESS) B.F.Graves Funeral Home 806 South 17th St

20. FILED 7-2, 1931 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 31, 19

22. I HEREBY CERTIFY That I attended deceased from June 28, 1931, to June 30, 1931

Last saw h~~im~~ alive on June 30, 1931. Death is said to have occurred on the date stated above, at 12,50P. m.

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

Cerebral Hemorrhage — Date of onset 6-28-30

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None 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 D Deaton, M. D.

(Address) St Joseph Mo.