

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

Do not use this space.

2157

File No. 1
Registered No. 1
St. _____ Ward _____

1. PLACE OF DEATH
92 County St. Charles Registration District No. 913
Township FEMME OSAGE Primary Registration District No. 5996 B
City Defiance (No. _____) St. _____ Ward _____

2. FULL NAME CATHERINE SWEARER WEBB
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 88 yrs. mos. 14 ds., How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF JAMES MILTON WEBB

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1844

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

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1932

22. I HEREBY CERTIFY That I attended deceased from July 14 1931, to Jan 31 1932.
I last saw h. alive on Jan 31 1932. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset Jan 30

4613

Other contributory causes of importance:
Cancer of Stomach

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALBANY, PENNA.

13. NAME John C. SWEARER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BROWNSVILLE - PA

15. MAIDEN NAME MARY DUN LAP.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BROWNSVILLE, PA

17. INFORMANT CATHERINE F. Muschany (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Defiance DATE Feb. 2 1932

19. UNDERTAKER MORRIS MUSCHANY (ADDRESS)

20. FILED 2-2-1932 O.T.P. Buenn... Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? Plumet 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) Calvin Gray _____, M. D.
(Address) Augusta, Mo

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.

FEB 5 1932

