

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Darriess Registration District No. 250
Township _____ Primary Registration District No. 4150
City Gallatin (No. _____) St. _____ Ward _____

File No. 12381
Registered No. 709

2. FULL NAME

Mary Jean Webb
(a) Residence, No. _____ St. _____ Ward. Jameson Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-1-1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Jameson Mo.

MOTHER FATHER
13. NAME Roy Webb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

15. MAIDEN NAME Fay Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darriess Co. Mo.

17. INFORMANT (ADDRESS) Roy Webb Jameson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravel Bend Cem. Apr. 25-1934

19. UNDERTAKER (ADDRESS) H. A. Hope's Gallatin Mo.

20. FILED 4-26-1934 H. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-23-1934
22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1934, to 4/23, 1934.
I last saw her alive on 4/23, 1934. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

Pertussis
Other contributory causes of importance: _____
Date of onset: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 _____
(Signed) W. P. Quinn, M. D.
(Address) Gallatin Mo.

