

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

Do not use this space.

**1. PLACE OF DEATH**

County Lawrence  
Township Vineyard  
City..... (No. .... St. .... Ward)

Registration District No. 492  
Primary Registration District No. 5-13

File No. 17321  
Registered No. ....

**2. FULL NAME**

Lawrence Roy Webb  
(a) Residence, No. .... St., .... Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-1934

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

22. I HEREBY CERTIFY, That I attended deceased from after death 19... to ... 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1933

I last saw h..... alive on....., 19..... Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. 1 4 10

to have occurred on the date stated above, at 4:30 a.m.

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

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.

Accidental drowning Date of onset 5-23

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Lawrence Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Elton Webb

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

MOTHER 15. MAIDEN NAME Ruth Gillock

Where did injury occur?..... (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Elton Webb (ADDRESS) Power Mill Mo. R. R.

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Gillock DATE 5-24-34 1934

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

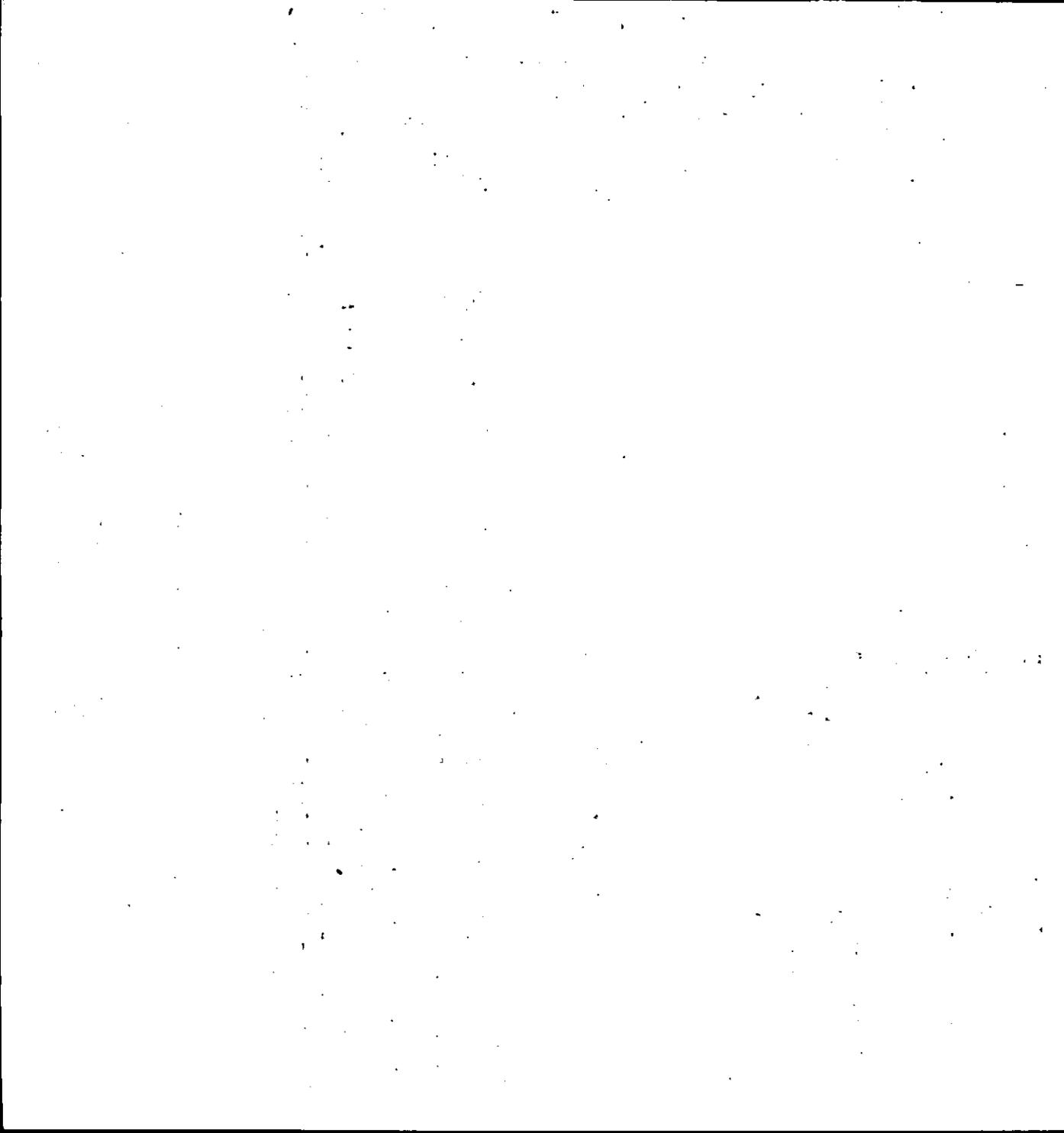
19. UNDERTAKER Morning Leiman (ADDRESS) Miller Mo.

(Signed) Johnis Louis Coroner (Address) Hustock Mo.

20. FILED 6/5 19 34 Thos H Powell Registrar.

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

JUN 23 1934



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Laurens  
Township Weyard  
City..... (No. .... St. .... Ward)

Registration District No. 472  
Primary Registration District No. 5636

File No.....  
Registered No.....

**2. FULL NAME**

Laurene Roy Webb

(a) Residence, No. .... St. .... Ward. .... (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 4 10

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19..... Thos. H. Powell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 4:30 a.m.

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

accidental drowning  
fell in cistern  
by drowned there  
Other contributory causes of importance: Could get it out of

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 drowned by falling  
Nature of injury in cistern

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed)....., M. D.  
(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-17321