

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.

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

AUG 23 1935

Do not use this space.

29804-10

1. PLACE OF DEATH

County Johnson
Township Wade
City Wade (No. 50)

Registration District No. 420
Primary Registration District No. 3022

File No. _____
Registered No. 63 69
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 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 Widowed (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 - 1851

7. AGE YEARS 83 MONTHS 6 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Washington Co. Mo

13. NAME Thos. Maxwell

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

15. MAIDEN NAME Lucinda Johnson

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

17. INFORMANT (ADDRESS) Ed. H. Webb
Wade, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Aug 5 - 1935

19. UNDERTAKER (ADDRESS) Donald B. Delisle
Wade, Mo

20. FILED 8/4 1934 Wm. J. Harris Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934, to Aug 3 -, 1935

I last saw her alive on Aug 3 - 1935. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Chronic Nephritis not known
131
92/21

Other contributory causes of importance:
Arteriosclerosis not known
and Mitral regurgitation
of heart

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Walter C. Brown, M. D.

(Address) De Soto, Mo

