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.

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

Do not use this space.

39269

1. PLACE OF DEATH
County Jackson — Registration District No. 395
Township ~~Sni A Bar~~ — Primary Registration District No. 4232
City Blue Springs Mo, ... St. ..... Ward)

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

2. FULL NAME George Brown Webb

(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 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah M Webb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 19. 1865

7. AGE: YEARS 69 — MONTHS 9 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

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. Undertaker
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): Carroll Co Mo

FATHER
13. NAME: Larkin Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Jane Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

17. INFORMANT (ADDRESS): R B Webb Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs Mo DATE 12-2 1934

19. UNDERTAKER (ADDRESS): Hussman & Son Odessa Mo

20. FILED 12/15 1934 F W Tuttle MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1934, to Nov 30, 1934
I last saw him alive on Nov 30, 1934 Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

Cardiac - Coronary thrombosis

Date of onset

Other contributory causes of importance: ~~Mitral~~ Aortic stenosis

Name of operation None Date of .....
What test confirmed diagnosis? Physical 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) F W Tuttle MD, M. D.
(Address) Blue Springs