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

Do not use this space.

35850

1. PLACE OF DEATH

40 County Grundy  
22 Township Wilson  
3 City Fardo (No. \_\_\_\_\_)

Registration District No. 999  
Primary Registration District No. 5793-

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Webster

(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 ch. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
18 4 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. conductor

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) Rushville, Mo.

13. NAME don't know

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

15. MAIDEN NAME Hill

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

17. INFORMANT Chas. Francis Webster (ADDRESS) Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lukes Home DATE Nov. 26 1935

19. UNDERTAKER E. P. Robertson (ADDRESS) Fardo, Mo.

20. FILED Dec. 5 1935 J. C. Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935, to 11-24 1935  
I last saw him live on 11-23 1935 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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) Chas. F. Webster M. D.  
(Address) Fardo, 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.

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