DEC 4 1936

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

Do not use this space.

39993

File No.

Registered No.

1. PLACE OF DEATH

County Saline

Township Grand Pass

City ~~Malta Bend~~ (No. , St. Ward)

Registration District No. 795

Primary Registration District No. 6099

2. FULL NAME Phoebe Maria 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
79	I	I8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Middletown, Ky.

FATHER

13. NAME James Strode Thomas

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

MOTHER

15. MAIDEN NAME Julian Thomas

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

17. INFORMANT (ADDRESS) Mrs. Vincel B. Embrey Napton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE Oct. 23, 1936

19. UNDERTAKER (ADDRESS) P. V. Caughrye Marshall, Mo.

20. FILED Oct 26, 1936 Raymond Spencer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936, to Oct 21, 1936

I last saw her alive on Oct 21, 1936 Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Arteriosclerosis & Cirrhosis of Liver.

Name of operation Clinical Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) C. L. Lawless, M. D.

(Address) Marshall, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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