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.

APR 22 1937

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

Do not use this space.

File No. 12800

Registered No.

1. PLACE OF DEATH

County Newton — Registration District No. 1-0-46-11

Township Shoal Creek — Primary Registration District No. 5810

City Joplin (No. Route 2, Seneca, Missouri St. Ward)

2. FULL NAME Arthur C. Webb

(a) Residence, No. R. #2, Seneca, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1886

7. AGE: YEARS 50 — MONTHS 11 — 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. Conductor

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

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newport Tennessee

FATHER

13. NAME William Webb

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

MOTHER

15. MAIDEN NAME Mary Molly Watson

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

17. INFORMANT Zada Webb
(ADDRESS) R. #2, Seneca, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Park Cem. DATE March 8, 1937

19. UNDERTAKER Langher Mortuary
(ADDRESS) 1502 Joplin St. Joplin Mo

20. FILED 3-8 1937 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1937, to 3-8, 1937

I last saw him alive on 3-2, 1937. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... 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 None

Nature of injury

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

If so, specify

(Signed) J. C. Barnard, M. D.

(Address) Seneca Mo