REC'D MAY 17 1938

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

14046
Do not use this space.

1. PLACE OF DEATH
(a) County: Buchanan
(b) Township:
(c) City: St Joseph
Registration District No.: 1001
Primary Registration District No.:
(d) Street No.: 617 So. 8th St.
Registered No.: 407
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Tom Webster
(a) Residence, No.: 617 So 8th St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Mallie Webster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1853
7. AGE: YEARS 85 MONTHS unk DAYS unk If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cy Hauer
9. Industry or business in which work was done, as saw mill, bank, etc.: Trans
10. Date deceased last worked at this occupation (month and year): / /
11. Total time (years) spent in this occupation: unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky / Kentucky

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): J. F. Bennett, 1002 Messanie
18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: April 15, 1938
19. FUNERAL DIRECTOR (ADDRESS): Kenney & Mahaney, 1609 Messanie
20. FILED: April 15, 1938 H. H. Nettelhorst, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9th 1938
22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1938, to ..., 19..
I last saw h... alive on ..., 19.. 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
Chronic Myocarditis	?
HBP	
43C	

Other contributory causes of importance:

Sclerosis Arteries	?

Name of operation: ... Date of: ...
What test confirmed diagnosis: History 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) J. W. Tadlock Coroner, M. D.
(Address) Odeing Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)