

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.

RECD JUL 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Perry Primary Registration District No. 6220
City Bonne Terre, R. 2. (No.) (Ward)

File No. 23136
Registered No. 47

2. FULL NAME Sarah Elizabeth Webb

(a) Residence, No. Bonne Terre, Mo. R. 2. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 8 13

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

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Bessie Stoddard

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

17. INFORMANT Elmer Cain
(ADDRESS) Bonne Terre, Mo. R. 2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackwell, Mo. DATE 6-18 1939

19. UNDERTAKER Benham Und. Co.
(ADDRESS) Bonne Terre, Mo.

20. FILED June 17 1939 M. W. Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 14, 1939
I last saw h. st. alive on June 14, 1939. Death is said to have occurred on the date stated above, at 11:40 P.m.

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

Hypertensive heart disease Date of onset 1938
Hypertension 95/12 1938

Other contributory causes of importance: Avitaminosis 1938

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Maxim J. Haw, Jr., M. D.

(Address) Bonne Terre, Mo.
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