DEC'D SEP 12 1939

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

28660
Do not use this space.

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1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 891
(c) City St. Joseph (d) Street No. State Hosp # 2 St. Joseph, Mo. St.
(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 4 yrs. 10 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 100 Mattie Webb
(a) Residence, No. 2824 Terrace, K.C., Mo St. ☐ Kansas City, Mo.
(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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: about 58 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as 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): alabama 1

FATHER
13. NAME: Bob Ray 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 1

MOTHER
15. MAIDEN NAME: Mary Maddox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): alabama

17. INFORMANT (ADDRESS): Records State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City DATE Aug. 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): N. W. Thatcher K.C. Ks 1520 N. 5th Street

20. FILED Aug 31 1939 H. J. Neatlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug 30, 1939
I last saw her alive on Aug 30, 1939. Death is said to have occurred on the date stated above, at 6:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lung (For advanced)	July 1938

Other contributory causes of importance: 23

Name of operation: None Date of —
What test confirmed diagnosis? Clin + lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) D. P. Johnson 1, M. D.
(Address) State Hosp # 2 St. Joseph, Mo.

Licensed Embalmer's Statement on Reverse Side)

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

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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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Clifford Woods, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Clifford Woods

Licensed Embalmer No. 3106

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.