

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.

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

SEP 23 1935

Do not use this space.

27085

1. PLACE OF DEATH
County Monteau Registration District No. 571
Township California mo Primary Registration District No. 4335
City California mo (No.) St. Ward

2. FULL NAME Fannie Webb

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Webb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-28-97</u>		
7. AGE <u>38</u>	YEARS <u>5</u>	MONTHS <u>—</u>
DAYS <u>—</u>		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) <u>California mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Henry Kelly</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Monteau co</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Emily Hickman</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Boone co, mo</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Kelly</u> (ADDRESS) <u>Calif Armo mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Aug. 29, 1935</u>		
19. UNDERTAKER <u>L. D. Hardinger</u> (ADDRESS) <u>Jefferson city mo</u>		
20. FILED <u>8-29-1935</u> <u>A. R. Poppejay</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 1935

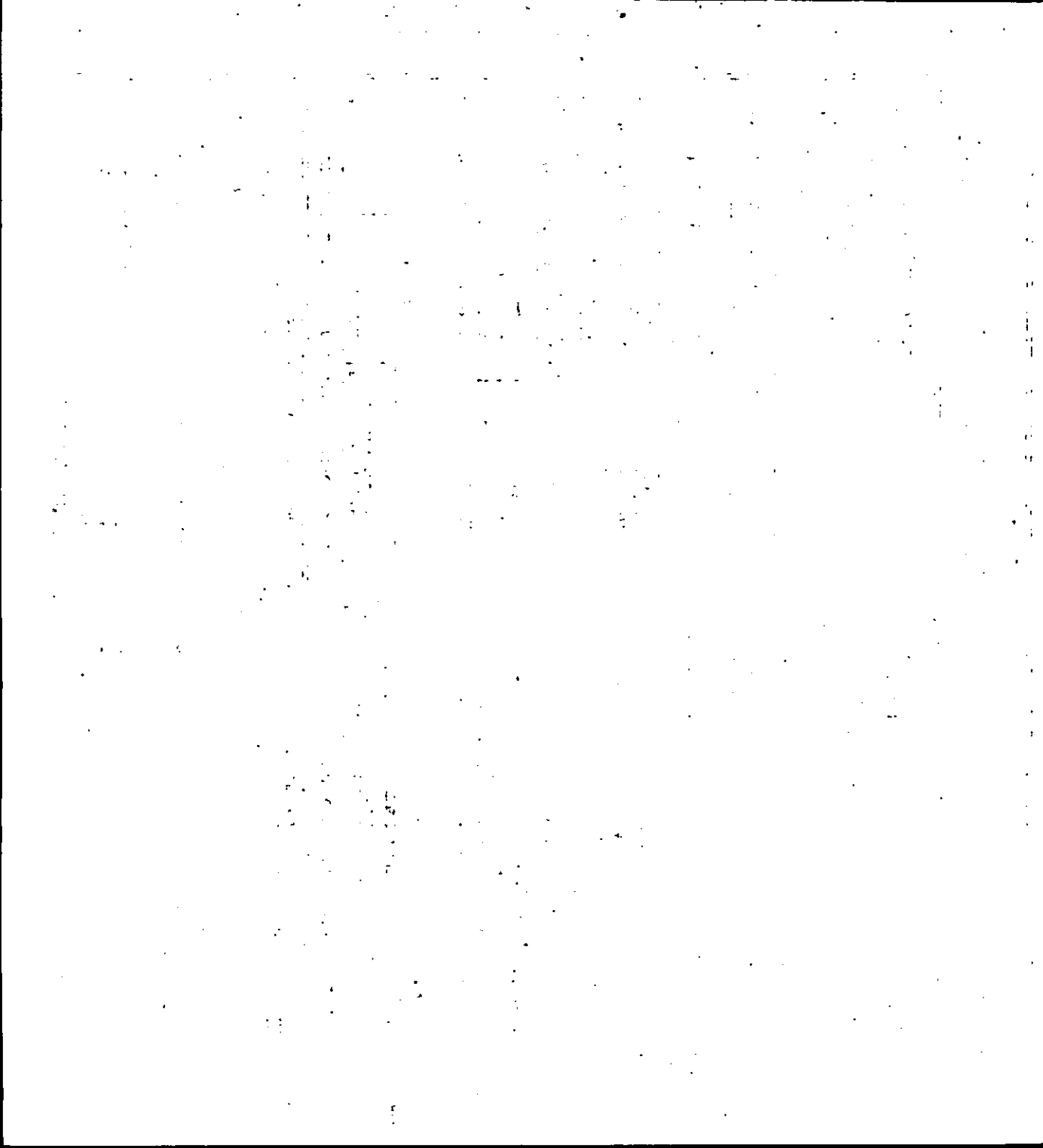
22. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to Aug 28, 1931.
I last saw her alive on Aug 28, 1931. Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:
Unilateral Paralysis
Other contributory causes of importance:
Kidney Incoordination

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) W. W. Brown AM. B.
(Address) 100 Oak St California mo



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

Do not use this space.

1. PLACE OF DEATH

County Moniteau

Registration District No. 371

Township

Primary Registration District No. 4335-

City California

(No. _____)

St. _____

Ward _____

File No. _____

Registered No. 57

2. FULL NAME

Fannie 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

7

4. COLOR OR RACE

negro

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

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____

DATE _____

19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 8-29-19 J.S. H.P. Popejoy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

Paralysis
of brain

Other contributory causes of importance:

Kidney coordination
Do not know cause
not put out H.R.P.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. N. Brown, M. D.

(Address) California 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.

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