

No. 2
-13-40
-17-39
K 231

JAN 17 1941

Registration District No. 417

Primary Registration District No. 5021

Registrar's No. 156

1. PLACE OF DEATH:
 (a) County. Jasper
 (b) City or town. Webb City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South Hall Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
(Specify whether
 In this community. 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State. Missouri (b) County. Jasper
 (c) City or town. Webb City
(If outside city or town limits, write "RURAL")
 (d) Street No. South Hall Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME. Mrs. Tressa May Heath

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex. F. 5. Color or race. W. 6. (a) ~~Single~~ Widowed, ~~Married~~
~~Single~~ W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. May 30 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace. No Data.
(City, town, or county) (State or foreign country)

10. Usual occupation. housework 9

11. Industry or business. at home 9

12. Name. no data 9

13. Birthplace. no data 9
(City, town, or county) (State or foreign country)

14. Maiden name. no data

15. Birthplace. no data
(City, town, or county) (State or foreign country)

16. (a) Informant. Dr. Carl Heath

(b) Address. Webb City, Mo.

17. (a) Burial (b) Date thereof. 12 / 18 / 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Carterville Cemetery

18. (a) Signature of funeral director. Nedges Nelson

(b) Address. Webb City, Missouri

19. (a) DEC. 17. 40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec 15
1940 to Dec 19, 1940;
that I last saw h. _____ alive on Dec 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Labor Pneumonia 7 Days

Due to _____
Due to _____
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Other conditions
(Include pregnancy within 3 months of death)

Major findings: Heart Trouble
Of operations _____

Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Dr. Carl Heath

(c) Where did injury occur? Webb City
(City or town) (County)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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(Specify type of place) While at work? (e) Means of injury

23. Signature Dr. Carl Heath (M. D. or other) _____

Address Webb City, Mo. Date signed 12/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER