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.

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

Do not use this space.
11944

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St. Luke's Hospital St. Ward)

File No. [illegible]

Registered No. [illegible]

2. FULL NAME Carline Westerbeck

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

Length of residence in city or town where death occurred yrs. mos. 12 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, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 - 1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
12	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER C. A. Westerbeck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Hattie Bruce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Okla.

14. INFORMANT C. A. Westerbeck
(Address) Odessa Mo.

15. FILED 4/27, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1927

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1927, to April 26, 1927 that I last saw her alive on April 26, 1927, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Meningitis, pneumococcic, otogenic

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Mastoiditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Odessa, Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 16-1927

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Spinal puncture

(Signed) Avery S. Bruell, M. D.

4/27, 1927 (Address) 608 Commerce Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Moriah — DATE OF BURIAL: 4/29/27

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 3146 Main

608 Commerce