JUN 9 1927

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

Do not use this space.

15955

1. PLACE OF DEATH
County Pettis
Township Dresden
City (No. St. Ward)
Registration District No. 672
Primary Registration District No. 5895
File No.
Registered No. 6

2. FULL NAME Nancy E Westlake
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 78 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, WIDOWED OR DIVORCED (*write* the word) Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. C. Westlake
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July=29=1836
7. AGE Years 90 Months 9 Days 15 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Warren Co
(STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER William Ferguson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Lorinda Hughs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Ira Palmer
(Address) Dresden, Mo
15. FILED 16 May 1927 G T Evans REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1927
17. I HEREBY CERTIFY, That I attended deceased from April 23, 1927, to May 14, 1927, that I last saw her alive on April 30, 1927, and that death occurred, on the date stated above, at 3 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Herpes Zoster Gangrenosa
facialis
154 B
(duration) yrs. mos. 21 ds.
CONTRIBUTORY (SECONDARY) General Senility
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? do not know
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) , M. D
May 14, 1927 (Address) Sedalia Mo

*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 Salem
DATE OF BURIAL May 15 1927
20. UNDERTAKER B. F. Parmer
ADDRESS La Monte 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.