

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.

24608
3019

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2308 Denver) St. _____ Ward _____

2. FULL NAME

Jessie Westlake
(a) Residence No. 2308 Denver St. 12 Ward. (If nonresident, give city or town and State)
(Usual place of residence)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Westlake</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 4, 1858</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>3</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Pittman Co. Mo.</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>John Brooke</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Amanda Bishop</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 9 1929 to July 9 1929 that I last saw her alive on July 19 1929 and that death occurred, on the date stated above, at 9:03 a.m.

THE CAUSE OF DEATH Uterine Cancer
139C
139C

CONTRIBUTORY (SECONDARY) Amputation (Uterine)
(duration) 7 yrs. 7 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical diag
(Signed) J. H. DeLoach M. D.
7/9, 1929 (Address) 4800 E 24th

*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 Int. Washington DATE OF BURIAL July 11 1929

20. UNDERTAKER W. H. Newcomer ADDRESS Boonville Mo.

14. INFORMANT U. R. Westlake
(Address) 5634 Garfield

15. FILED 7/10 1929 M. M. Crowe
REGISTRAR

48008.24²⁴

Ben 5949

2.5.