

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

MAR 25 1930

1. PLACE OF DEATH

County Duchaux

Registration District No. 85

4135

Township

Primary Registration District No. 1001

File No.

City St Joseph (No.)

Registered No. 200

2. FULL NAME

Lewis Westlake

Kansas City, Mo

(a) Residence, No. State Hospital No 2, Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Separated

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1930, to Feb 13 1930 that I last saw him alive on Feb 13 1930 and that death occurred, on the date stated above, at 11:15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1895

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS 75 MONTHS 11 LESS THAN 1 DAY, hrs. or min.

Senile Dementia

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Carpenter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH K.S. Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

CONTRIBUTOR (SECONDARY) 164 (duration) yrs. mos. ds.

10. NAME OF FATHER Belle Westlake

DID AN OPERATION PRECEDE DEATH? No DATE OF

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

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER M. known

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. Niles, M. D.

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

Feb 13, 1930 (Address) State Hospital No 2

14. INFORMANT (Address) State Hospital No 2

*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.

15. FILED FEB 14 1930 Registrar

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Brownsville Mo 2/14 1930

20. UNDERTAKER ADDRESS

J. L. Stinebaugh 216 So 15th

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.

