MAR 27 1930

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

Do not use this space.

5357

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township Marion — Primary Registration District No. 5562 — Registered No.
City (No. St. Ward)

2. FULL NAME Amanda C Westerfield
(a) Residence. No. St., Ward.
(Usual place of abode) (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

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF~~ (OR) WIFE OF L. J. Westerfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7, 1845

7. AGE: 84 YEARS — MONTHS: 4 — DAYS: 14 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Knox County
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Demsey King
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Mary Turner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Cora Ale
(Address) Carthage Mo.

15. FILED 2/24, 1930 E. Hoffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1929, 1930, to Feb 21, 1930, that I last saw her alive on Feb 21, 1930, and that death occurred, on the date stated above, at 8 20 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis agitans (Parkinson's disease)
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio sclerosis
(duration) 20 yrs. mos. 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?
(Signed) Lloyd B Clinton, M. D.
2/24, 1930 (Address) Carthage - 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: Park Cemetary — DATE OF BURIAL: Feb. 24, 1930
20. UNDERTAKER: Knell Mortuary — ADDRESS: Carthage Mo.

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.