

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

Do not use this space.

40424

1. PLACE OF DEATH

County Ralls

Registration District No. 227

Township Perry

Primary Registration District No. 4433

City Perry (No. _____)

File No. 17

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 66 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/3/1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 11 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Oil Salesman

(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) California

10. NAME OF FATHER John Westfall

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

12. MAIDEN NAME OF MOTHER Louisa Walker

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

14. INFORMANT Geo. S. Westfall

(Address) Perry Mo.

15. FILED 12/5 1930 Geo. S. Westfall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/5 1930

17. I HEREBY CERTIFY, That I attended deceased from 9m 26 1930 to Dec 5 1930

That I last saw him alive on Dec 5 1930 and that death occurred, on the date stated above, at 5-11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic mellitus

CONTRIBUTORY (SECONDARY)

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? Physician + chemist

(Signed) John S. Westfall M. D.

12-5 1930 (Address) Perry 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

DATE OF BURIAL

Perry Mo 12/7 1930

20. UNDERTAKEN Geo. S. Westfall ADDRESS Perry 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.

