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

Do not use this space 284

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 105
City St. Joseph (No. 1824 S 34th. St. Ward)

2. FULL NAME Essie E. Westbrook
(a) Residence. No. 1824 S. 34th. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Westbrook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 1885

7. AGE: Years 45 | Months 2 | Days 12 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) Union Star
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER J.W. Rose
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Page Co.
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Ellen High
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Terra Haute
(STATE OR COUNTRY) Illinois

14. INFORMANT J.W. Rose
(Address) St. Joseph, Mo.

15. FILED JAN 26 1931 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 24, 1931, that I last saw her alive on Jan 23, 1931, and that death occurred, on the date stated above, at 5:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis agitans (duration) yrs. 9 mos. ds.
CONTRIBUTORY (SECONDARY) Bed sores (duration) yrs. 1 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? Clinical
(Signed) Charles E. Weyner M.D.
Jan 26 1931 (Address) 315 Kirkpatrick Bldg

*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: Ashland Cemetery — DATE OF BURIAL: Jan. 26, 1931
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1940 Colhoun

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD