

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

Do not use this space.

38103

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson (No.) St. Ward

Registration District No. 435
Primary Registration District No. 5592

File No.
Registered No. 14
St. Ward

2. FULL NAME

Eliza Jane Wester

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>A. J. Wester</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 25 - 1842</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>10</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
FATHER	13. NAME <u>James Haynes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Ann Haynes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>W. T. Wester</u> (ADDRESS) <u>Wreden me. P.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm. H. ...</u> DATE <u>Nov 10 1931</u>		
19. UNDERTAKER <u>W. H. Goodman</u> (ADDRESS) <u>Walden me</u>		
20. FILED <u>Nov 25 1931</u> <u>L. J. Turnbow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1931

22. I HEREBY CERTIFY That I attended deceased from Oct 8 1931 to Nov 8 1931
I last saw her alive on Oct 29 1931 Death is said to have occurred on the date stated above, at 4:00 P. m.
The principal cause of death and related causes of importance were as follows:
Senile Emphysema & left leg by 98
11/2
Other contributory causes of importance
Age and heart

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify

(Signed) J. L. Angel , M. D.
(Address) Springfield Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE FULLY WITH OBTAINING INK—THIS IS A PERMANENT RECORD

