

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

Do not use this space.

41795

1. PLACE OF DEATH

County Pitts Registration District No. 668
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. 1211 So. Ohio) St. So. Ohio Ward 347

2. FULL NAME

(a) Residence, No. 1211 So. Ohio St., So. Ohio Ward 347
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Exact date
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) link.
 7. AGE YEARS 51 MONTHS about DAYS about IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) mo

FATHER 13. NAME Richard Westbrook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Minerva Bush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT E. L. ... (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 12/10 19 31

19. UNDERTAKER Lillestie Funeral Home (ADDRESS) Sedalia Mo

20. FILED 12-10 19 31 J. L. Love Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 19 31
 22. I HEREBY CERTIFY, That I attended deceased from Oct 15 19 31 to Dec 8 19 31
 I last saw h. er alive on Dec 8 19 31 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 930
 97
 930
 Arterio Sclerosis -
 Date of onset Don't Know

Name of operation None Date of
 What test confirmed diagnosis? Fundus Where an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no
 (Signed) John B. Coakley M. D.
 (Address) Sedalia 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.

82-1032

