

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

Do not use this space.

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PLACE OF DEATH

County Pallas  
Township Sattower  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 727

Primary Registration District No. 5939

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME

Lucy Westfall

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 90 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-8-1882

7. AGE YEARS 90 MONTHS 11 DAYS - If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Pike Co Missouri

13. NAME Pressy Naville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME Delila Keithley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Missouri

17. INFORMANT James Westfall (ADDRESS) Perry mo

18. BURIAL, CREMATION, OR REMOVAL buried PLACE Lockessels Camp DATE 12-10 1932

19. UNDERTAKER Wm Roulle (ADDRESS) Perry mo

20. FILED 12/8 1932 Wm Roulle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12-8- 1932, to of his death, 1932

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

apoplexy

Other contributory causes of importance: 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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?

If so, specify \_\_\_\_\_

(Signed) Wm Roulle, M. D.

(Address) Perry mo

