

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

Do not use this space.

2505

1. PLACE OF DEATH

County Newton Registration District No. 609 File No. 7
Township _____ Primary Registration District No. 4368 Registered No. _____
City Neosho (No. _____) St. _____ Ward _____

2. FULL NAME

Betty L Westgate
(a) Residence, No. 515 McCall 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Joseph H Westgate
(OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1848
7. AGE YEARS 84 MONTHS 3 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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. Housewife
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) Michigan
13. NAME no Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record
15. MAIDEN NAME no Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record
17. INFORMANT (ADDRESS) Mrs Lewis Hammers Neosho Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE 0007 Cemetery DATE 1/13/33 19____
19. UNDERTAKER (ADDRESS) Beckhaus Neosho Mo
20. FILED 1/15 1933 C. E. Mapleson Registrar

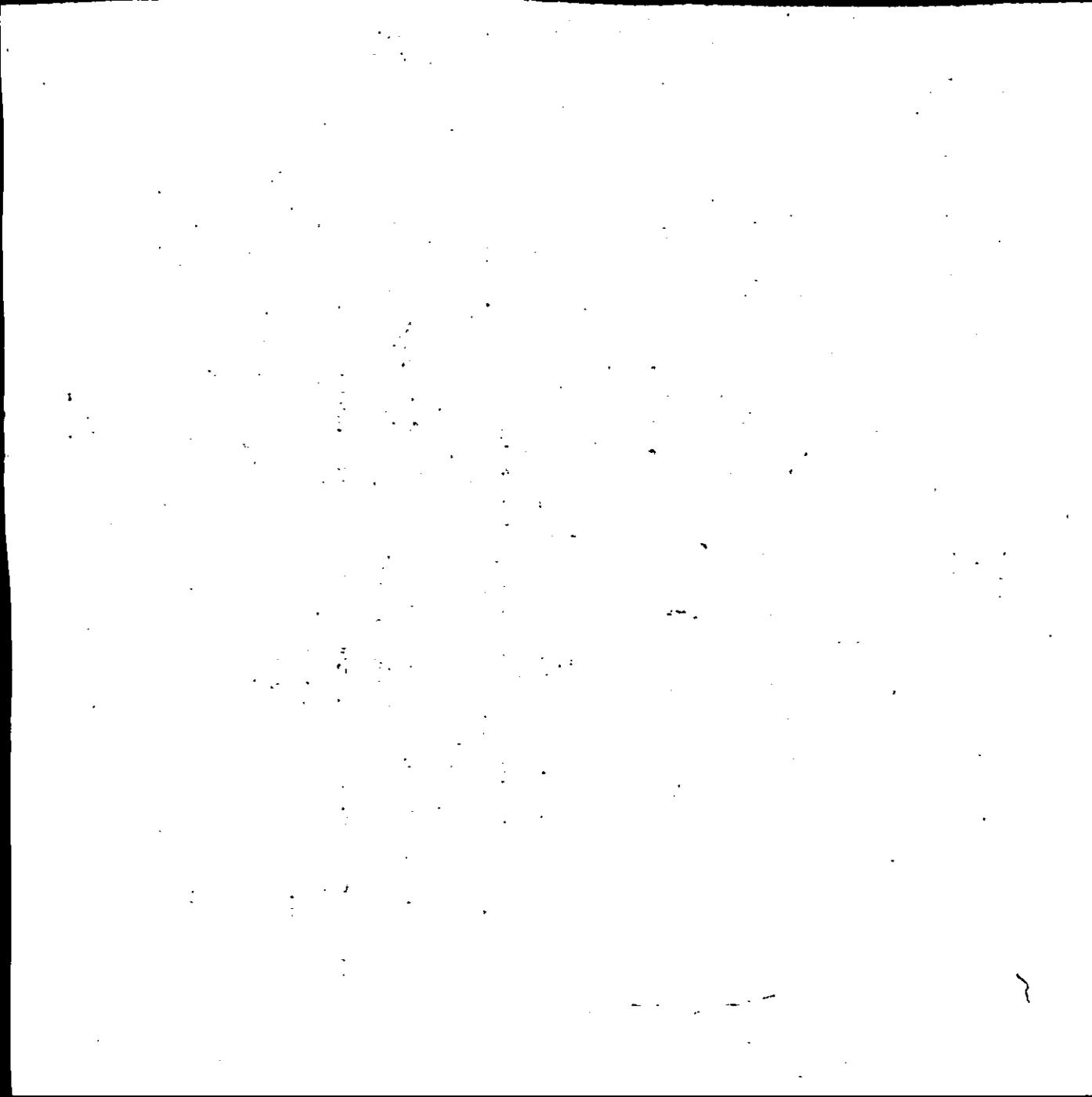
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1933
22. I HEREBY CERTIFY That I attended deceased from Jan. 5, 1933, to Jan. 11, 1933
I last saw her alive on Jan. 11, 1933 Death is said to have occurred on the date stated above, at 4:40 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
430 930
101A
Other contributory causes of importance: Broncho Pneumonia Jan 4, '33
Date of onset Several years standing

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? _____
If so, specify _____
(Signed) J. A. Tuttle M. D.
(Address) Neosho, Missouri



S-2505