SEP 13 1934

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

Do not use this space.

File No. 29101

Registered No.

1. PLACE OF DEATH
County: Howell
Township: ~~Howell~~
City: West Plains, Mo (No. ..., ..... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 4227

2. FULL NAME: Ella Jane Wescott
(a) Residence, No. 708 w. Main St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 44 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: B. R. Wescott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8, 1850

7. AGE 83 YEARS 11 MONTHS 4 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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): Columbus, Ohio.

FATHER
13. NAME: Phillip Langel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT: Mrs. M. M. Freeman
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Oak Lawn
PLACE West Plains, DATE Aug. 13, 1934

19. UNDERTAKER: Hal Thornburgh
(ADDRESS) West Plains, MO.

20. FILED 8-13, 1934 Vida W. Simons
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1934, to Aug 12, 1934
I last saw her alive on Aug 12, 1934. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 8-11-34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Senility
Chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ~~None~~ 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? No
If so, specify .....
(Signed) E. Claude Bohrer, M. D.
(Address) West Plains, 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.

WHITE PLAINES, WHITE, STRAIGHT, INK WRITING IS A PERMANENT RECORD