

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

Do not use this space.

MAR 19 1935

1. PLACE OF DEATH

County Audwan Registration District No. 26 File No. 4266
 Township Sullivan Primary Registration District No. 3002 Registered No. 32
 City Mexico Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Mammy Jane Westhope
 (a) Residence, No. 220 E. 11th 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Westhope
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 4

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
 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) Franklin county Ind.

13. NAME Thomas Duty

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

15. MAIDEN NAME Sarah Spencer

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

17. INFORMANT Dora Chestrohn
 (ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood Mexico Mo

19. UNDERTAKER H. A. Pugh & Son
 (ADDRESS) Mexico Mo

20. FILED Feb 25 1935 Blanche Neely
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 22 1935 to Feb 27 1935
 I last saw her alive on Feb. 26 1935 Death is said to have occurred on the date stated above, at 69 a.m.

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

Hyper-Arterial Rheumatism and Poor Circulation
 Date of onset 11/30

Other contributory causes of importance:
measles and old eye

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? no
 If so, specify _____
 (Signed) M. S. Pugh M. D.
 (Address) Mexico Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

