

AUG 14 1935

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

Do not use this space.

22058

1. PLACE OF DEATH

County Barry
Township Barry Co. Home
City Cassville (No.)

Registration District No. 29
Primary Registration District No. 4021

File No.
Registered No. 40
St. Ward

2. FULL NAME

(a) Residence, No. Ward.
(Usual place of abode) Box 2, R.R. #2 (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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Ottie Westover

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1907

7. AGE YEARS 28 MONTHS 00 DAYS 18 If LESS than 1 day, hrs. or min.

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

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) Granite, Okla.13. NAME Fritz Dilbeck14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho15. MAIDEN NAME Lula M. Carty16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho17. INFORMANT Thos. Chas. Lammus (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE July 29, 193519. UNDERTAKER Belle's Funeral Home (ADDRESS) Wheaton, Mo.20. FILED Aug 2 1935 Geo. W. Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27 193522. I HEREBY CERTIFY, That I attended deceased from 7-27 1935, to 7-27 1935I last saw him alive on 7-27 1935 Death is saidto have occurred on the date stated above, at a.m.

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

Ectopic pregnancy Date of onset (Tubal)142 BOther contributory causes of importance Pregnancy with hemorrhageName 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) B. R. Kimball M. D.(Address) Wheaton, 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.

