NOV 21 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No. 32973
Township Kaw — Primary Registration District No. 300 — Registered No. 6759
City Kansas City (No. 208 W. 62 Terrace St. Ward)

2. FULL NAME Westfall Levenia T.
(a) Residence, No. 208 W 62d St Terrace 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF George W. Westfall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76		0	23	

OCCUPATION
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) Clinton Mo.

FATHER
13. NAME Chas. A. Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

MOTHER
15. MAIDEN NAME Josephine Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

17. INFORMANT (ADDRESS) Mrs. George Newman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov-2 35 19

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 10/31 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1933, 19, to 10-30-35, 19
I last saw her alive on 10-29-35 19 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Mitral (Rheumatic origin)	Years
Myocarditis	
Other contributory causes of importance:	
Myocardial decompensation	2 mos

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) John Ogelvie, M. D.
(Address) 730 Professional

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.

10M-3-28-35

Dr John O'Gilbise