

FEB 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County TacksonRegistration District No. 398File No. 1151Township IndependencePrimary Registration District No. 3019Registered No. 36City IndependenceSt. Indep. Hill & Furnace Co Ward2. FULL NAME Thomas G. Westwood(a) Residence, No. 76 S Liberty 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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Westwood6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1860

7. AGE

YEARS 75MONTHS 1DAYS 1

IF LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hors. Furnace Co

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) St. Charles Missouri

FATHER

13. NAME Joseph Westwood14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lankershire England

MOTHER

15. MAIDEN NAME Martha unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lankershire England17. INFORMANT (ADDRESS) Clara Westwood 76 S Liberty St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount ZionDATE 1-25

1936

19. UNDERTAKER (ADDRESS) Wm. G. Garrison Independence, Mo20. FILED 1-27-36F. L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1936

22. I HEREBY CERTIFY That I attended deceased from

I last saw h..... alive on Sept 19, 19..... Death is saidto have occurred on the date stated above, at 1:30 p. m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 None 19.....Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Wm. G. Garrison, M. D.(Address) 703 - Lees Summit, Mo

