NOV 23 1936

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

Do not use this space.

37237

1. PLACE OF DEATH

County Dent — Registration District No. 1035 — File No.

Township Texas — Primary Registration District No. 5372 — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Born alive not named

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 21 1936

7. AGE: YEARS --- MONTHS -- DAYS -- If LESS than 1 day, 9 hrs. & 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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): Dent Co Mo

FATHER
13. NAME: Toba Westerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas Co. Mo

MOTHER
15. MAIDEN NAME: Marian Skiles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co. Mo

17. INFORMANT (ADDRESS): Toba Westerman Jack Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dry Fork Cem DATE Oct 22 1936

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED 10/21 1936 W E Rudd Registrar. J. C. Kissock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 21 1936

22. I HEREBY CERTIFY, That I attended deceased from October 21st 1936, to October 21st 1936

I last saw her alive on October 21st 1936 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Premature Twin - 7 months with Congenital heart lesion — Date of onset Oct 21st

Other contributory causes of importance:

15 P

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

What test confirmed diagnosis? Clinical Finding 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) F E Butler, M. D.

(Address) Salem Missouri

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.

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