

JAN 19 1937

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

Do not use this space.

44711

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 5290
 Township Raw Primary Registration District No. 100 Registered No. _____
 City Kansas City No. 3304 Benton Blvd St. _____ Ward _____

2. FULL NAME Frances Westerfield
 (a) Residence, No. 3304 Benton Blvd St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1936

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Westerfield

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 to Dec 6 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1857

I last saw her alive on Dec 6 1936. Death is said to have occurred on the date stated above, at 4:15 P.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 85 MONTHS 4 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

Carcinoma of Buccal cavity
T. Left side of nose
 Date of onset 17 March 1936

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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 _____

Other contributory causes of importance:
Influenza
Glaucoma
Jan '36
June '34

12. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) S. Va.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

13. NAME James Morris

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.

14. BIRTHPLACE (CITY OR TOWN) Va. U.S.A. (STATE OR COUNTRY)

Manner of injury _____
 Nature of injury _____

15. MAIDEN NAME Rebecca Cumberley

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) U.S.A.

(Signed) Collie G. Pammel, M. D.
 (Address) 3304 Benton Blvd.

17. INFORMANT (ADDRESS) Marie B. Westerfield
3304 Benton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Nepeska DATE Dec 8 1936

19. UNDERTAKER (ADDRESS) Cyclor Funeral Home
784 E. 7th St

20. FILED Dec 7 36 M. M. Irvine Registrar.

N. B.—Every item of information should be carefully supplied. Age should be stated in years, months and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

