

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.

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

Do not use this space.

FEB 25 1937

1506

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Wesley Hospital)
 2. FULL NAME Mrs. Minnie B. Westlund
 (a) Residence, No. 805 E. 13th St. Ward.
 (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. (If nonresident, give city or town and State)

File No.
 Registered No.
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Westlund
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
54 10 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Osage City, Kansas
 MOTHER 13. NAME Albert Young
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Indiana
 15. MAIDEN NAME Martha Ard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Indiana
 17. INFORMANT Miss Bonnie Westlund
 (ADDRESS) 805 E. 13th
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hills DATE Jan 18, 1937
 19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Lincoln
 20. FILED Jan 18, 1937 W. Crown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937
 22. I HEREBY CERTIFY That I attended deceased from Jan 11, 1937 to Jan 1, 1937.
 Last saw her alive on 1-15, 1937. Death is said to have occurred on the date stated above, at 4:25 am.
 The principal cause of death and related causes of importance were as follows:
1/11-37 Influenza. Date of onset
11/11-37
 Other contributory causes of importance:
Broncho Pneumonia
 Name of operation Chinical Date of
 What test confirmed diagnosis Was there an autopsy? Yes
 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) W. P. Grimes M. D.
 (Address) 248 Plaza Bank Bldg

W. V. ...

10 ... 9 ... - Va ...

... - d'...

1:30

~~9-11:30~~

Bank Bg. - Va ...

~~1-3:30~~