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.

SEP 25 1937

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No. 31925
Township — Primary Registration District No. 3 8 — Registered No. 147
City Marshall (No. Fitzgibbons Hospital St. Ward)

2. FULL NAME Wellington Maupin Westbrook
(a) Residence. No. 436 North Brunswick 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mario J. Westbrook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1882
7. AGE: Years 54 — Months I — Days I4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Marshall
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School System
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Missouri

FATHER
13. NAME Edwin R. Westbrook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Margaret Carruth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. M. Westbrook (ADDRESS) Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Aug. 26 1937
19. UNDERTAKER T. R. Campbell (ADDRESS) Marshall, Mo.
20. FILED 8-26 1937 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-16 1937, to 8/24 1937
I last saw him alive on 8/24 1937. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

Typhoid Fever ? — Date of onset 8/16/37

Other contributory causes of importance:
Uremia 8/22/37

Name of operation — 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? No — 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) H. Shannon, M. D.
(Address) Marshall Mo