

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

Do not use this space.

2
1

1. PLACE OF BIRTH
 105 County Sullivan Registration District No. 853 File No. 4384
 Township Liberty Primary Registration District No. EE 6119 Registered No. 1
 City Harris (No. _____) St. _____ Ward _____

2. FULL NAME Orin D. Wescot 230
 (a) Residence, No. _____ 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 wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Wescot
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
80 5 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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 -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1938, to Jan 14th, 1938.
 I last saw him alive on Jan 13th, 1938. Death is said to have occurred on the date stated above, at 2:10 A. m.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 1/8/38

Other contributory causes of importance: 1070
 Name of operation _____ Date of _____
 What test confirmed diagnosis physical Was there an autopsy? _____

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) O. W. Wise 3
 (Address) Harris, Missouri 768

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 FATHER 13. NAME John G. Wescot
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Emma Hawk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Guy & Wade Wescot
 (ADDRESS) Harris Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Harris Mo Cemetery DATE Jan. 16 1938
 19. UNDERTAKER R. L. Payne & Son
 (ADDRESS) Galt Mo
 20. FILED Jan. 15 1938 Mrs. Ruth Tucker
 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE DEPT. OF HEALTH