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.

REC'D SEP 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County AUSTRAIN — Registration District No. 26 — File No. 28205
Township SALT RIVER — Primary Registration District No. 3002 — Registered No. 109
City MEXICO MO (No. 703 E. Railroad St. Ward)

2. FULL NAME Charles Westly 234
(a) Residence, No. 703 E Railroad St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rena Westly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-30-1872
7. AGE: Years 66 — Months 0 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Blind
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): Portland Mo 0
FATHER
13. NAME: C. Westly 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN 9
MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):
17. INFORMANT (ADDRESS): Rena Westly Mexico - Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 8-5-1938
19. UNDERTAKER (ADDRESS): H. Reynolds Jr Mexico Mo
20. FILED Aug 5 1938 Blanche Neely Registrar 23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-3-1938
22. I HEREBY CERTIFY, That I attended deceased from 5-1-1938, to 8-3-1938
I last saw him alive on 8-3-1938. Death is said to have occurred on the date stated above, at 12 20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
Chronic nephritis	

Other contributory causes of importance: 131
Arteriosclerosis

Name of operation: none — Date of
What test confirmed diagnosis? — 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) N. J. Ector, M. D.
(Address) Mexico, Mo

RECEIVED
District Health Officer No. 10
District File Number 10-38-114
Date Filed 9-15-38