CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

31

RECEIVED OCT 20 1938

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

32089
Do not use this space.

1. PLACE OF DEATH
(a) County Daviess
(b) Township
(c) City Gallatin
Registration District No. 250
Primary Registration District No. 4150
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 34

2. PRINT FULL NAME Edward Westbrook 231
(a) Residence, No. Gallatin, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Westbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1851

7. AGE: Years 87 | Months 8 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheet Metal
9. Industry or business in which work was done, as saw mill, bank, etc. Worker
10. Date deceased last worked at this occupation (month and year) Jan. 1925
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Moravia
(STATE OR COUNTRY) New York

FATHER
13. NAME Daniel Westbrook
14. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Susan Cortwright
16. BIRTHPLACE (CITY OR TOWN) Unk.
(STATE OR COUNTRY) New York

17. INFORMANT Mrs. H. A. Hope
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs, Mo. DATE Sept. 28, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED Sept. 27, 1938 H. A. Hope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Sept. 26, 1938
I last saw him alive on Sep. 23, 1938. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	1930
Other contributory causes of importance:	
Senility	1930

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? Chemical & microscopical

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) M. A. Smith, M. D.
(Address) 227 Gallatin Mo.

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

L. O. Richesson ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.