

NOV 22 1938

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

36937
Do not use this space.

1. PLACE OF DEATH

(a) County Schuylers Registration District No. 805
(b) Township Liberty Primary Registration District No. 6050 Registered No. 46
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

231
L. URA Elizabeth Westbrook
(a) Residence, No. Schuylers Co St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Agrippa Westbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1870

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
68 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Schuylers Co Mo

FATHER 13. NAME Andrew Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Frances Ann Payton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Fred Johnson
Bloomfield La

18. BURIAL, CREMATION, OR REMOVAL PLACE 9007 Lancaster DATE Oct 5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Merediths
Lancaster Mo

20. FILED Oct 5 1938 Byrdie W. Drake
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1938, to October 4, 1938
I last saw her alive on October 4, 1938. Death ~~occurred~~ occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Melancholia, agitative type with gradual weakness and exhaustion (Marasmus)
Date of onset 1935

Other contributory causes of importance: 84

Name of operation none Date of
What test confirmed diagnosis? Clin. & Lab. 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) Ida M. Nulton, M. D.
707 (Address) Lancaster, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-579

Date Filed 11-10-38

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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