

869 JAN 18 1938

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

44086  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pettis 2 Registration District No. 668  
 (b) Township Sedalia 1 Primary Registration District No. 3032 Registered No. 342  
 (c) City Sedalia (d) Street No. Bothwell Hersh 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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Curtis Westbrook  
 (a) Residence, No. Hustonia Missouri 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 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 Lyda Westbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 6 1 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Funeral  
 9. Industry or business in which work was done, as saw mill, bank, etc. Director  
 10. Date deceased last worked at this occupation (month and year) 12-28-38 11. Total time (years) spent in this occupation 20

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

13. NAME Wm B. Westbrook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Rebecca Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Taylor Westbrook  
 (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Knobnoster DATE Dec-6-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros Sedalia

20. FILED Dec 5-1938 Mrs Harry Sneed  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1938 to Dec 4, 1938  
 I last saw him alive on Nov 4, 1938 Death is said to have occurred on the date stated above, at 12 m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
94  
 Date of onset Nov 27, 1938

Other contributory causes of importance:  
Urgent  
Angina Pectoris  
and Coronary Occlusion

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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) J. P. Mitchell M. D.  
 (Address) Sedalia 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. 8,  
District File Number  
Date Filed 1/14/39

**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 \_\_\_\_\_, working under my personal supervision.

Signed *Ralph E. Baker*  
Licensed Embalmer No. 2419  
P. O. Address *Sedalia*

**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.**