

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

Do not use this space.
Watkins

1. PLACE OF DEATH

County St. Francois
Township "
City " (No. ")

Registration District No. 773
Primary Registration District No. 6018A

File No. 24917
Registered No. 107
St. _____ Ward _____

2. FULL NAME

Morris F. Westover

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Cary C. Choate

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co., Mo

10. NAME OF FATHER John F. Westover

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co., Mo

12. MARRIED BY (NAME OF MOTHER) Matthew W. Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Capri, St. Charles, Mo

14. INFORMANT (Address) J. J. Westover Farming Co

15. FILED 7-27-28 B. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928

17. I HEREBY CERTIFY That I attended deceased from July 25 1928 to July 25 1928 that I last saw him alive on July 25 1928, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hodgkins Disease

CONTRIBUTORY (SECONDARY) 6573 (duration) 1 yrs. 6 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 1928

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. L. Watkins M. D.
7-27-1928 (Address) Farmington MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parkview Cemetery DATE OF BURIAL 7-28-28

20. UNDERTAKER Healdt & Hud Co ADDRESS Fogton, Mo

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.

