

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

Do not use this space.

26605

1. PLACE OF DEATH

County Jackson
 Township Jackson
 City Kennett City

Registration District No. 399
 Primary Registration District No. 1002

File No. 3203
 Registered No. 3203 Ward

2. FULL NAME

Wester Dan
 (a) Residence. No. 3422 Agnes St. Ward. 14
 (Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

4-18-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
56	3	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Little Salerwoman
 (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) Missouri

PARENTS

10. NAME OF FATHER

Albert Wester

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER

Minie Boyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

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

8-3-1930

17.

I HEREBY CERTIFY, That I attended deceased from 7-28-1930 to 8-3-1930 that I last saw him alive on 8-3-1930 and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Edema

CONTRIBUTORY (SECONDARY) General Paralysis of Insane - Syphilitic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEED DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P.E. Williams, M.D.

8-3-1930 (Address) Gen Hosp R.C.M.D.

*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.

14. INFORMANT

(Address) Robert Lambert Kennett City Miss Hosp

15. FILED

8/3/30 M.M. Browe
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pleasant Hill Mo Aug 5 1930

20. UNDERTAKER

ADDRESS

John J. Shaahan K.C. Mo

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

