Mayfield

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

Do not use this space.
34433

1. PLACE OF DEATH
107 County Scott — Registration District No. 87 — File No. 107
11 Township ~~Richland~~ — Primary Registration District No. ~~6070~~ 14553 — Registered No.
7 City Sikeston (No. ..... St. ..... Ward)

2. FULL NAME Lindel Westmoreland
(a) Residence, No. ..... St., ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

NOV 29 1932

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 1932
7. AGE: YEARS 0 — MONTHS 0 — DAYS 6 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Sikeston Mo

FATHER
13. NAME Willard Westmoreland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo

MOTHER
15. MAIDEN NAME Dink Oliver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo

17. INFORMANT (ADDRESS) Willard Westmoreland Sikeston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE Oct 14, 1932
19. UNDERTAKER (ADDRESS) H J Welch Sikeston Mo
20. FILED 11/10/ 1932 Walter E Dias Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct 13, 1932
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
107A
107a

Date of onset

Other contributory causes of importance:

(1)

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? .....
If so, specify .....
(Signed) A A May Leeet, M. D.
(Address) Sikeston Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.