

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

Do not use this space.

41362

PLACE OF DEATH

County *St. Francis*
Township *Randolph*
City *Cantwell* (No.)

Registration District No. *779*
Primary Registration District No. *6024A*

File No.
Registered No.
St. Ward)

2. FULL NAME *Lauretta Olive Westover*

(a) Residence, No. *Cantwell mo.* St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Westover</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 11. 1850</i>				
7. AGE	YEARS <i>82</i>	MONTHS <i>1</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>house work</i>			
	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) <i>St. Francis Co 1 Missouri</i>				
FATHER	13. NAME <i>William Shaner 2</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pennsylvania</i>			
	15. MAIDEN NAME <i>Lucinda Fields</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown 3/1</i>			
	17. INFORMANT <i>John Westover</i> (ADDRESS) <i>Cantwell Missouri</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Parkview</i> DATE <i>Dec. 23 1937</i>				
19. UNDERTAKER <i>C. J. Boyer</i> (ADDRESS) <i>Desloge mo.</i>				
20. FILED <i>12-23-37</i> <i>R. B. Lester</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 21. 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 18 1937* to *Dec. 21 - 1937*

I last saw her alive on *Dec. 20 1937* Death is said

to have occurred on the date stated above, at *7 A. m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset *12-21-37*

Other contributory causes of importance: *0*

Name of operation Date of
Cholecystectomy

What test confirmed diagnosis? *Cholecystectomy* 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?

If so, specify *R. B. Lester*

(Signed) *R. B. Lester* M. D.

(Address) *Desloge 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.

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

