

DEC 1 1938

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

40215

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775  
(b) Township P. & F. T. Primary Registration District No. 6020-A Registered No. 90  
(c) City Bonne Terre, Mo. (d) Street No. Bonne Terre Hospital 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. — ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## 2. PRINT FULL NAME

Westover, ALLEN  
(a) Residence, No. 101 Farmington, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-27-38</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>2</u> hrs. or <u>25</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>—</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>—</u>			
	10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonne Terre, Mo.</u>				
FATHER	13. NAME <u>Lucie Martin Westover</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Helena Louise Hill</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware, Mo.</u>			
17. INFORMANT <u>Father</u> (ADDRESS) <u>101 Farmington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington, Mo.</u> DATE <u>Nov. 28, 1938</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Family</u>				
20. FILED <u>Nov. 28, 1938</u> <u>N. W. Hawkins</u> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 11-27, 1938  
I last saw him... alive on 11-27, 1938 Death is said to have occurred on the date stated above, at 10:45 m.  
The principal cause of death and related causes of importance were as follows:  
Prematurity (6 1/2 mos.) Date of onset \_\_\_\_\_

Other contributory causes of importance: 159

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clin. obs. 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? No.  
If so, specify \_\_\_\_\_  
(Signed) H. Richard Cronch, M. D.  
(Address) Farmington, Mo.

STATEMENT BY LICENSED EMBALMER  
MEDICAL CERTIFICATE OF DEATH

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

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P.O. Address \_\_\_\_\_

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.