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.

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH
County St Francois Registration District No. 773
Township Mt Pleasant Primary Registration District No. 6018A
City ..... (No. ..... St. ..... Ward)

File No. 49052
Registered No. 163

2. FULL NAME Larua Joyce Westover

(a) Residence, No. ..... St., ... Ward. .....
(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): St Francois Co. Mo

FATHER

13. NAME: Leslie Westover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo

MOTHER

15. MAIDEN NAME: Helen Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leadwood, Mo.

17. INFORMANT (ADDRESS): Leslie Westover R-1 Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masonic Cemetery DATE: 9-2, 1936

19. UNDERTAKER (ADDRESS): Nyhart Funeral Home Farmington Mo

20. FILED: Sept 9- 1936 W. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936, to Sept 2, 1936

I last saw her alive on not alive, 19..... Death is said to have occurred on the date stated above, at 4:15 a.m.

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

	Date of onset
Still birth	9-2-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) O. R. Watkins, M. D.

(Address) Farmington Mo.