

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.

APR 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. Noyes-Baptist Hospital)

File No. 7860

Registered No. 407

St.

Ward

2. FULL NAME Henry W. Westover,

(a) Residence, No. 1401 Felix

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Mary C. Westover,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1st, 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

8

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Physician.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self,

9. BIRTHPLACE (CITY OR TOWN) Cleveland,

(STATE OR COUNTRY)

Ohio,

10. NAME OF FATHER John Westover,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,

(STATE OR COUNTRY)

England,

12. MAIDEN NAME OF MOTHER Maria Wilcox,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,

(STATE OR COUNTRY)

Connecticut.

14. INFORMANT

Mrs. H. H. Westover

(Address) 1401 Felix Street,

15. FILED

1930

John G. Coy
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30, 1930

17.

I HEREBY CERTIFY, That I attended deceased from

Jan. 1929, to March 30, 1930

that I last saw him alive on March 29, 1930, and that death occurred, on the date stated above, at 2:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lober Pneumonia

137
100

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Suprapubic Prostatectomy for Prostatic Hypertrophy. (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DURING OPERATION PRECEDE DEATH yes DATE OF March 24

WAS THERE AN ANTENATAL

WELLS TEST, CONFIRMED DIAGNOSIS

(Signed) J. D. Banbach, M. D.

March 31, 1930 (Address) St. Joseph, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mount Mora Cemetery,

Apr. 2, 1930

20. UNDERTAKER

ADDRESS

Heaton-Bryce & Bowman
Funeral Home

319 S. 10 St.

