

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

Do not use this space.

13310

**1. PLACE OF DEATH**

County Buchanan Registration District No. 86  
 Township Washington Primary Registration District No. 527  
 City St. Joseph (No.     ) Byrd's Sanitarium St.      Ward)

**2. FULL NAME**

John Westpheling

(a) Residence. No. 619 Mt. Mora Road. St.      Ward.       
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Harriett Westpheling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept, 4, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>72</u>	<u>7</u>	<u>1</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Traveling Salesman, (Retired 10 Yrs.)  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer Wheeling Steel Corp.

9. BIRTHPLACE (CITY OR TOWN) Harrison Co., Mo.  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Frederick F. Westpheling</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Waldeck, 10</u> (STATE OR COUNTRY) <u>Germany.</u>
	12. MAIDEN NAME OF MOTHER <u>Mary McCully</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Clay Co., Mo.</u> (STATE OR COUNTRY)

14. INFORMANT Chas. Westpheling  
 (Address) 619 Mt. Mora Road.

15. Apr 7, 1931 J. J. Banasch  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr, 5, 1931 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1931 to April 5 1931  
 that I last saw him in alive on      19    , and that death occurred, on the date stated above, at 12.00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy  
6 1/2 (duration) yrs. mos. 6 ds.  
 CONTRIBUTORY Bronchitis Chronic  
 (SECONDARY) (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF       
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. F. Byrd M. D.

Apr. 6, 1931 (Address) Byrd's Sanitarium, 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 <u>Mt. Mora Cemetery</u>	DATE OF BURIAL <u>Apr, 8, 19 31</u>
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20. UNDERTAKER <u>Walter Meinhoffer</u>	ADDRESS <u>1302 Faraon St.</u>
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K. 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.

MAY 2 1 1931

WHILE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

