

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.

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

Do not use this space.

37354

1. PLACE OF DEATH

County Franklin
Township 29
City Washington, Mo. R.F.D. #3

Registration District No. 297
Primary Registration District No. 2076

File No. _____
Registered No. 126
St. _____ Ward _____

2. FULL NAME Elizabeth Mary Westermeyer

(a) Residence, No. R.F.D. #3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 90 yrs. - mos. - ds. - How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR) WIFE OF **Charles Westermeyer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 1st 1884**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	47	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**

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) **Manchester, Mo.**
(STATE OR COUNTRY)13. NAME **Charles Weggemann**14. BIRTHPLACE (CITY OR TOWN) **Manchester, Mo**
(STATE OR COUNTRY)15. MAIDEN NAME **Rosina Sels**16. BIRTHPLACE (CITY OR TOWN) **Washington, Mo.**
(STATE OR COUNTRY)17. INFORMANT **Charles Westermeyer**
(ADDRESS) **Washington, Mo. R.F.D. #3**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Catholic Cemetery** DATE **Nov. 24th 1931**19. UNDERTAKER **Nieburg & Vitt by William Vitt**
(ADDRESS) **Washington, Mo.**20. FILED **11/23** 19 **31** **C. J. Munch**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 21** 19 **31**22. I HEREBY CERTIFY, That I attended deceased from **Nov. 18** 19 **31**, to **Nov. 21** 19 **31**I last saw her alive on **Nov. 21** 19 **31**. Death is saidto have occurred on the date stated above, at **6.45P** m.

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

Chronic Myocarditis

Date of onset

1926

Other contributory causes of importance:

Exophthalmic Goiter**1921**Name of operation? **66B** Date of _____What test confirmed diagnosis? **NO** 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) **J. P. Manupie** M. D.(Address) **Washington Mo**

