

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.

AUG 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23989

1. PLACE OF DEATH

County PettisRegistration District No. 665

Township

Primary Registration District No. 3032

City

(No. 1515 & Missouri)File No. 220Registered No. 668

St.

Ward)

2. FULL NAME

Henry L. Westermier(a) Residence, No. 1515 & Mo.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Catherine Westermier

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

June 9, 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4112

OCCUPATION

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

Sec'y & Treasure

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Inds Loan Co.10. Date deceased last worked at this occupation (month and year) June 25, 3511. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lake Creek Missouri

FATHER

13. NAME

Michael Westermier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Victoria Foerq

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Mrs. H. L. Westermier
Seclalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

7-10-1935

19. UNDERTAKER (ADDRESS)

McLaughlin Bros
Seclalia

20. FILED

July 9, 1935Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 28, 1935 to July 7, 1935I last saw him alive on June 7, 1935 Death is saidto have occurred on the date stated above, at 1:30 p.m.

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

Pneumoniafollowing influenza

Other contributory causes of importance:

Mediastinal tumorProbably Metastasis

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) Thos. B. Long M. D.(Address) Seclalia, Mo.

