

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

Do not use this space.

JAN 28 1936

40581

1. PLACE OF DEATH

County Cathlamet
Township Sedalia
City Sedalia (No. _____)

Registration District No. 665
Primary Registration District No. 3032

File No. 364
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 232 Stewart St. Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. 6 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 Anna Margaret Westerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1866

7. AGE YEARS 69 MONTHS 6 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 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) Cooper County (STATE OR COUNTRY) Rockville Mo.

13. NAME George Westerman

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

15. MAIDEN NAME Eva Strickfaden

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

17. INFORMANT Christina Westerman (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockville Mo. DATE 12/10/35

19. UNDERTAKER Me Langhin Bros (ADDRESS) Sedalia

20. FILED Dec 9 1935 James Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1931, to Dec 8, 1935. I last saw him alive on Dec 7, 1935. Death is said to have occurred on the date stated above, at 10 a. m. The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis (1 hour before death) Date of onset Dec 5 1935

Other contributory causes of importance: arteriosclerosis chronic valvular atherosclerosis

Name of operation _____ Date of _____ What test confirmed diagnosis? exam 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) Chasman, M. D. (Address) Sedalia Mo.

