SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Charles
Township Dardenne
City Dallas (No. ..... St. ..... Ward)
Registration District No. 160 B
Primary Registration District No. 6001
File No. 31625
Registered No. 30

2. FULL NAME Adam J. Westhoff
(a) Residence, No. Dallas 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 61 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 Mrs. Kate Westhoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 1875

7. AGE 24 — YEARS 61 — MONTHS 8 — DAYS 28 — If LESS than 1 day, X hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westhoff L & P Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME Westhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Paul Westhoff Dallas Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Dallas Mo DATE Aug 27 1937

19. UNDERTAKER (ADDRESS) E A Keithly Dallas Mo.

20. FILED Aug 30 1937 E. A. Keithly m Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Aug 23, 1937
I last saw him alive on Aug 23, 1937. Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emboli of Cornary artery	8-23-37

94 B

Other contributory causes of importance:
Sciatica and Inflammatory Rheumatism of Right Leg — Jan 15 1937

Name of operation Tone Date of ✓
What test confirmed diagnosis? Bedside 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) Joseph P Horner, M. D.
(Address) O'Fallon Tex

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.