

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

Do not use this space.

1317

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. (No. 3634 Prospect Avenue, City.) St. 5 Ward

2. FULL NAME Frederick Henry Westendick, 235

(a) Residence, No. 3634 Prospect Avenue, City. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hanna Westendick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19th, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
78 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) (STATE OR COUNTRY) Missouri.

13. NAME No Record.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Miss L. A. Westendick,
 (ADDRESS) 3634 Prospect Avenue, City.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill DATE Jan. 3rd, 38
 PLACE _____

19. UNDERTAKER Mrs. C.L. Forster, K.C. Mo.
 (ADDRESS) _____

20. FILED Jan 2 1938 M. M. Groome
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd, 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 28 1937, to Jan 2nd 1938
 I last saw him alive on Jan 2nd 1938. Death is said to have occurred on the date stated above, at 2:15 A.M. m.

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

Bronchopneumonia Date of onset Jan 2nd

H6a

Other contributory causes of importance:

Gastric Carcinoma Date of onset about 12/20/37

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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?
 If so, specify _____
 (Signed) Dr. Starr D. Ramsey M.D.

(Address) 3028 East 6th St.
Pho 5391

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.

RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH