

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.

REC'D APR 23 1938

9809

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. 31 W 70th St.)

Registration District No. 399  
Primary Registration District No. 1007

File No. \_\_\_\_\_  
Registered No. 1274  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Herman H. Westerbeck

(a) Residence, No. 31 W 70th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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 Emma Westerbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 18

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

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 1931 11. Total time (years) spent in this occupation All

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill.

13. NAME William Westerbeck

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

15. MAIDEN NAME Frederick

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

17. INFORMANT Carl Westerbeck (ADDRESS) Lee's Summit, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE MAR 21, 38

19. UNDERTAKER N. B. Langsford (ADDRESS) Lee's Summit, Missouri

20. FILED Mar 21 1938 M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-5-38 1938 to 3-18-38 1938

I last saw him alive on 3-15-38 Death is said to have occurred on the date stated above, at 5 P m.

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

Coronary arteriosclerosis  
chronic myocarditis  
hypertension

Other contributory causes of importance: marked arteriosclerosis

Name of operation 0 Date of \_\_\_\_\_  
What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 0 Date of injury \_\_\_\_\_, 1938

Where did injury occur? 0 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0  
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0  
If so, specify \_\_\_\_\_, M. D.

(Signed) M. Brown  
(Address) 860 Argyle

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