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.

42588

1. PLACE OF DEATH
County CAPE GIRARDEAU Registration District No. 125 File No.
Township Primary Registration District No. 3009 Registered No. 399
City (No. ST FRANCIS HOSPITAL St. Ward)

2. FULL NAME WILLIAM FRANKLIN WESTRICH
(a) Residence, No. St., Ward. BENTON MO.
(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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1938
7. AGE YEARS MONTHS DAYS 1 DAY If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD
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) BENTON, MO.

FATHER
13. NAME JEROME WESTRICH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW HAMBURG MO.

MOTHER
15. MAIDEN NAME RUTH JOYCE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ORAN MO.

17. INFORMANT (ADDRESS) FATHER
18. BURIAL, CREMATION, OR REMOVAL
PLACE ORAN, MO DATE 12-24-1938
19. UNDERTAKER (ADDRESS) JEROME WESTRICH FATHER - BENTON, MO.
20. FILED 12-24 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12/23, 38, to 12/24, 1938
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

PREMATURITY (7 mo)

Other contributory causes of importance:

154

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

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) [signature], M. D.
(Address) Cape Girardeau Mo

Mr. [illegible]
12th Special