

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 301 East 5th.)

Registration District No. 668
Primary Registration District No. 3092

File No. 7441
Registered No. 54
St. _____ Ward _____

2. FULL NAME

Mike Westermier

(a) Residence, No. 301 east 5th St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Westermier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16/1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 1920 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Westermier

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

MOTHER 15. MAIDEN NAME Do! Not Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

17. INFORMANT John Westermier
(ADDRESS) Banner Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb 14/1939

19. UNDERTAKER McLaughlin Bros.
(ADDRESS) Sedalia Mo.

20. FILED Feb 14 - 1939 Mar Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Feb 10, 1939

I last saw him alive on Feb 10, 1939 Death is said

to have occurred on the date stated above, at 10:00 P. m.

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

Senile - pneumonia
following influenza
Date of onset Feb 1
1939

Other contributory causes of importance:

chronic vascular nephritis
arteriosclerosis

Name of operation none Date of none

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? no

If so, specify _____

(Signed) Chas. W. Sneed, M. D.

966 (Address) Sedalia Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9/6/39