

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.

157 Feb 5
 1939 MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3092
 City Sedalia (No. 301 East 5th.)
 St. _____ Ward _____

2. FULL NAME Mike Westermier
 (a) Residence, No. 301 east 5th St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 7441
 Registered No. 54

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 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 10:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Brain - pneumonia
following influenza
arteriosclerosis
 Date of onset Feb 1 1939
 Other contributory causes of importance:
chronic vesical hypertrophy
arteriosclerosis
 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? no
 If so, specify _____
 (Signed) Chas. S. Sneed, M. D.
 (Address) Sedalia Mo.

RECEIVED

District Health Officer No. 8,

District File Number

3/6/39

Date Filed