

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.

AUG 20 1935

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

Do not use this space.

23989

1. PLACE OF DEATH

County..... Pettis Registration District No. 665
Township..... Primary Registration District No. 3032
City..... Seclavia (No. 1515 & Missouri St. Ward

File No. 220
Registered No. 668
St. Ward

2. FULL NAME

Henry L. Westermier

(a) Residence, No. 1575 & 8 Mo. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred /2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m</i>	4. COLOR OR RACE <i>w</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Catherine Westermier</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 9, 1894</i>		
7. AGE	YEARS	MONTHS
	<i>41</i>	<i>1</i>
		DAYS
		<i>2</i>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Sec'y & Treasurer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Inds Loan Co.</i>	
	10. Date deceased last worked at this occupation (month and year) <i>June 28, 35</i>	11. Total time (years) spent in this occupation <i>3 yrs.</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lake Creek Missouri</i>		
FATHER	13. NAME <i>Michael Westermier</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Victoria Foerg</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Mrs. H. L. Westermier Seclavia Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>7-10-1935</i>		
19. UNDERTAKER (ADDRESS) <i>McLaughlin Bros Seclavia</i>		
20. FILED <i>July 9, 1935</i> <i>Jean Slack</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 28, 1935* to *July 7, 1935*
I last saw him alive on *July 7, 1935* Death is said to have occurred on the date stated above, at *11:35 a.m.*
The principal cause of death and related causes of importance were as follows:
Fracturing of R. femur following fall Date of onset *6/21/35*

Other contributory causes of importance:
Mediastinal tumor, probably malignant Date of onset *6/11/35*

Name of operation.....
Date of.....
What test confirmed diagnosis.....
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) *Thompson B. Young* M. D.
(Address) *Seclavia, Mo.*

