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

Do not use this space.

1. PLACE OF DEATH
County Franklin. Registration District No. 297 File No. 851
Township Primary Registration District No. 3016 Registered No. 4
City Washington, Mo. (No. , St. Ward)

2. FULL NAME Henry Matthias Westermeyer.
(a) Residence. No. 415 Oak Street. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FEB 18 1931

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 Hedwig Theresa Westermeyer (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1871.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	3	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John D. Westermeyer.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Clara Brueggemann.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

14. INFORMANT John. Henry Westermeyer.
(Address) Washington, Mo.

15. FILED Jan 18, 1931 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/16/31 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1930, to Jan. 16, 1931 that I last saw him alive on Jan. 16, 1931, and that death occurred, on the date stated above, at 11 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver
1280
130
(duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
(duration) yrs. 2 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No.
(Signed) J. D. Maupin, M. D.
Jan. 18, 1931 (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery.
DATE OF BURIAL: 1/19/31 19

20. UNDERTAKER: Nieburg & Witt. Washington, Mo.
ADDRESS