

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.

JAN 23 1937

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

Do not use this space.

45884

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
Township _____ Primary Registration District No. 3034 Registered No. 269
City Woberly (No. McDonough Hospital) St. _____ Ward _____

2. FULL NAME

William J Westfall
(a) Residence, No. 4139 Madison St. _____ Ward. _____
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Retired
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) Mo

FATHER 13. NAME Wm J Westfall

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

MOTHER 15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs W A Maskow

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Mo DATE 12-9-36

19. UNDERTAKER (ADDRESS) Mahan and Son Woberly Mo

20. FILED 12/10, 1936 Clifford L. Baker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 26 - 1936 to Dec 7 - 1936

I last saw him alive on Dec 7 - 1936 Death is said to have occurred on the date stated above, at 11:10 P. M.

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

Acute Myocarditis Date of onset 11/26/36

Other contributory causes of importance:

Bad personal habits.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical symptoms

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? Yes
If so, specify _____

(Signed) E. V. Sprader, M. D.
(Address) Woberly, Mo

