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

35516

PLACE OF DEATH

County Pettis

Township ____ Registration District No. 668 File No. ~~278~~

or Village ____ Primary Registration District No. 3032 Registered No. 270

or City Sedalia (NO. ____ St.; ____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Earl West

PERSONAL AND STATISTICAL PARTICULARS		
SEX: Male	COLOR OR RACE: Colored	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word):
DATE OF BIRTH: Sep 13, 911 (Month) (Day) (Year)		
AGE: ____ yrs. 1 mos. 7 ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work: 0		
(b) General nature of industry, business, or establishment in which employed (or employer):		
BIRTHPLACE (City or town, State or foreign country): Sedalia		
PARENTS — NAME OF FATHER: Jno West		
BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo		
MAIDEN NAME OF MOTHER: Effie Lacy		
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Mo		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Esters Lacy

(ADDRESS) Blanuton Mo

Filed Oct. 22 1911 Sam Kelly REGISTRAR

Bess Kahn Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ____, 191__, to ____, 191__,

that I last saw h__ alive on ____, 191__,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

As Coroner I Examined the body and found death Due to Marasmus

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) None

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Guy Titsworth M. D.

Oct 22, 1911 (Address) Acting Coroner Sedalia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pleasant Grove	10/23 1911
UNDERTAKER	ADDRESS
Sedalia Mvd Co	Sedalia Mo

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County Pettis

Township or Village or City Sedalia (No. ... St.; ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

Registration District No. 668

Primary Registration District No. 3032

File No.

Registered No. 270

FULL NAME Carl West

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE Colored

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Sept 13, 1911 (Month) (Day) (Year)

AGE ... yrs. 1 mos. 7 ds. If LESS than 1 day, ... hrs. or ... min.?

OCCUPATION (a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Sedalia

PARENTS

NAME OF FATHER Jno West

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

MAIDEN NAME OF MOTHER Effie Daley

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Daley

(ADDRESS) Smith Mo.

Filed Dec-2 1911 Sam Kelley, Bess Kahn Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ..., 191..., to ..., 191..., that I last saw h... alive on ..., 191..., and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Marasmus due to tuberculosis

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) [illegible] M.D.

10-24, 191... (Address) Sedalia

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Crown Hill

DATE OF BURIAL 10-23, 1911

UNDERTAKER Sedalia Undt Co

ADDRESS Sedalia Mo.

SUPPLEMENTARY

Original file, date OCT ... 1911

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health Association]

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