

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 1929

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

Do not use this space.

41236

1. PLACE OF DEATH

County Jackson Registration District No. Booken 400 File No. _____
Township Battle Blue Mo Primary Registration District No. 3553B Registered No. 169
City _____ St. _____ Ward _____

2. FULL NAME

Ammie West
(a) Residence. No. Jackson County Home 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 M 4. COLOR OR RACE negro 5. SINGLE—MARRIED—WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1863-

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 65 ✓

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

9. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY) don't know

10. NAME OF FATHER don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know
(STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know
(STATE OR COUNTRY) don't know

14. INFORMANT County Home Records
(Address) Little Blue Mo

15. FILED 12-21-28 F. M. Delick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 21, 1928, that I last saw him alive on Dec 21, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute insufficiency

CONTRIBUTORY (SECONDARY) none

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY. no

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
(Signed) L. W. Bookman, M. D.
, 19 (Address) 2128 Vine St.

*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 Lynch & Lee Cemetery DATE OF BURIAL 12-24-28

20. UNDERTAKER Flynn & Shenshert K.C., Mo. ADDRESS _____

