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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791 1003 File No. 43037

Township..... Primary Registration District No. ..... Registered No. 12315

City..... (No. 2204 Car St. ..... Ward)

2. FULL NAME Albert West

(a) Residence. No. 2204 Car St., 21 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: cal
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9-28

7. AGE: YEARS | MONTHS 4 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Monroe West
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monticlo
(STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER Willie L. Gains
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cedar
(STATE OR COUNTRY) Miss.

14. INFORMANT Monroe West
(Address) 2204 Car

15. FILED 18 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15-1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1928, to Dec-15, 1928, that I last saw him alive on Dec-15th, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
and Broncho Pneumonia
Secondary
119 A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

1130

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) J. W. Brown, M. D
Dec 17th, 1928 (Address) 822 N. Jefferson

*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: Drexel Ring Park
DATE OF BURIAL: 12-18-1928

20. UNDERTAKER: Peoples Und Co
ADDRESS: 3100 Franklin