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

Do not use this space.

FEB 25 1929

5203

108
0
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1. PLACE OF DEATH

County Vernon. Registration District No. 875 File No.

Township [illegible] Primary Registration District No. 6162 Registered No. 4.

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME ~~W.M.~~ Ellis West

(a) Residence. No. State Hospital #1 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16/1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farm

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

(c) Name of employer

2

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

PARENTS

10. NAME OF FATHER W. M. West

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cary James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT W. M. West
(Address) Lebanon Mo.

15. FILED 2-6, 1929 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 29

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 19.., to Jan. 3, 1929 that I last saw him alive on 2, 1929, and that death occurred, on the date stated above, at 4-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Pneumonia (lobar)

106 D

101 a

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Purulent ~~[illegible]~~ bronchitis

(duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) T. G. O'dell, M. D

Jan. 3, 1929 (Address) Nevada 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	DATE OF BURIAL
Lebanon, Mo.	Jan 5 1929

20. UNDERTAKER	ADDRESS
Ferry Funeral Home	Nevada, Mo.

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.