

JUN 27 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17046

1. PLACE OF DEATH

County RallsRegistration District No. 930Township SalinePrimary Registration District No. 5962City Monroe City (No. 1)File No. 17046Registered No. 17046St. Mo. Ward 12. FULL NAME Charles William West.(a) Residence. No. 2578St. Mo. Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? 22 yrs. 1 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR

DIVORCED (write the word)
Married.5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

April 1 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.77112

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.Blacksmith(b) General nature of industry,
business, or establishment in
which employed (or employer)(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

Russel Wilson West

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Eliza Litter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

Mrs C.W. WestINFORMANT Monroe City Mo.
(Address)

15.

FILED 5/14, 1930J. E. Floyd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 12 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 18 to April 13, 1930
that I last saw him alive on Feb 13, 1930, and that
death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia & arterio-sclerosis
131
97 about 2 1/2 mos. ds.CONTRIBUTORY
(SECONDARY)(duration) 1 1/2 yrs. mos. ds.

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

(Signed) J. E. Floyd, M. D.5-17-1930 (Address) Monroe City 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

Bethelham

DATE OF BURIAL

5/14/30

20. UNDERTAKER

Wilson & Son. Monroe City Mo.

ADDRESS

Monroe City 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.

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