

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

Do not use this space.

~~20812~~
20814
5612

1. PLACE OF DEATH

County Registration District No. 781
Township Primary Registration District No. 1008
City St. Louis (No. Massum Baptist Hospital) Registered No. 5612
St. Ward)

2. FULL NAME

(a) Residence No. St. 12 Ward. Richland Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma West</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 10 - 1877</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sberia Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER F. M. West
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo
12. MAIDEN NAME OF MOTHER Polly Fumbein
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marie Co Mo

14.

INFORMANT Henry West
(Address) Richland Mo

15.

FILED JUN 23 1930 West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1930

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1930 to June 9, 1930. that I last saw him alive on June 9, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral embolus
96

87.8 (duration) yrs. mos. ds.
CONTRIBUTORY Aneurysm of aorta
(SECONDARY) ? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Richland, Mo
DID AN OPERATION PRECEDE DEATH. No, DATE OF
WAS THERE AN AUTOPSY No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) James A. Dorse M. D.
6/9 1930 (Address) 3903 Olive - wall Bldg. -

*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 Richland, Mo DATE OF BURIAL 6-11 1930

20. UNDERTAKER Webb Rad Co. ADDRESS Richland 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.

Dr. J. A. Hanson

