

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

Do not use this space.

33456

File No. _____
Registered No. _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Monroe Registration District No. 904
Township East Union Primary Registration District No. 6215
City Waverly, Mo.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alice West
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 2 0 0

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)

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John P. West
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Susan Smart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14.

INFORMANT Raymond West
(Address) Sheridan, Mo.

15.

FILED Sept. 7, 1931 Laura Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 - 1931
17. I HEREBY CERTIFY, That I attended deceased from _____ 19_____, 19_____,
that I last saw him _____ alive on _____, 19_____, and that
death occurred, on the date stated above, at _____ 10:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Explosion of gasoline tank
in automobile - whole body
burned. Hemorrhage from lungs
followed (duration) few minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

210 lbs (duration) _____ 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 clinical

(Signed) J. Phipps, M. D.

, 19 _____ (Address) Grant 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

DATE OF BURIAL

Waverly Cemetery 9/5 1931

20. UNDERTAKER

ADDRESS

Arch C. Dangle Grant City

State Board of Health
Jefferson City mo.

Dear Sir.

This Mr West had just left home in his car and had gone a mile or so when his automobile gas tank exploded. He was alone. The first car that passed him stopped then went on to his home and told his wife a negro had burned up in his car on account of the hair crimping in burning ~~the~~ he shot it was a negro. the wife identified him by his trousers. the wife said they would never know how it happened. This is all the history they have of it. Worth county. 6/2/57 Mrs Laura Johnson,

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Swarth
Township Union
City Union (No. _____)

Registration District No. 904
Primary Registration District No. 6215-

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lewis Landon West

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 9-5, 1932 Laura Johnson X
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Exhaustion of gasoline
leak in automobile
whole body burned
blowback of engine followed

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____