

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 1000
 City Kansas City (No. 1614) Washington St. _____ Ward _____

File No. 41169
 Registered No. 5158

2. FULL NAME Nettie May West

(a) Residence, No. 1614 Washington St. 3 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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.W. West	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1875			
7. AGE	YEARS 56	MONTHS 6	DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
	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) Ill.			
FATHER	13. NAME Wm. Johnson		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
MOTHER	15. MAIDEN NAME Mary Carr		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
17. INFORMANT (ADDRESS) <u>Just West</u> <u>1614 Washington</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>12-27</u>			
19. UNDERTAKER R.V. LINDSEY & SONS (ADDRESS) 3811 Broadway			
20. FILED <u>12/29</u> 19 <u>31</u> <u>M. M. Crouse</u> <u>Registrar.</u>			

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1931

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

I last saw h. _____ 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:

acute left heart
chronic myocarditis
atherosclerosis
93C

Other contributory causes of importance:
11/19
1931

Name of operation _____ Date of _____

What test confirmed diagnosis autopsy Was there an autopsy yes

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) Stanley M. Hall, M. D.
 (Address) 1614 Washington

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.

WHITE-CROWN WITH IMPROVED INK—THIS IS A PERMANENT RECORD

