

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

Do not use this space.

11600

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No.) St. Ward)

2. FULL NAME

Mattie West
(a) Residence, No. 1300 Grand Ave. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>colored</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>Isaac West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-21-1894</u>		
7. AGE	YEARS	MONTHS
<u>38</u>	<u>1</u>	<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) <u>Boone County, Missouri</u>		
MOTHER	13. NAME <u>William Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
FATHER	15. MAIDEN NAME <u>Zula Avery</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Isaac West</u> (ADDRESS) <u>Columbia, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stephens, Mo.</u> DATE <u>4-18</u> 19 <u>32</u>		
19. UNDERTAKER <u>Stuart T. Parker</u> (ADDRESS) <u>Columbia, Missouri</u>		
20. FILED <u>4/18/1932</u> <u>Allie Selby</u> Registrar.		

3- MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1932 to April 16, 1932
I last saw her alive on April 16, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pelvic Peritonitis
Incomplete abortion 140
Acute pyogenic Right 108
114 1043

Other contributory causes of importance:
Pneumonia Rtxlobe
abscess Rt lobe lung

Date of onset 3-22-32

0 Name of operation None 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? no
If so, specify

(Signed) Karl D. Dietrich, M. D.
(Address) Noyes Hospital

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 PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 20 1932

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0330

REF ID: A66139