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

Do not use this space.

15415

File No. .....

Registered No. 40

1. PLACE OF DEATH

County: Buchanan

Township: Washington

City: St Joseph (No. Woodson Sanatarium St. ..... Ward)

Registration District No. 86

Primary Registration District No. 5127

2. FULL NAME: John David West

(a) Residence, No. ..... St., ... Ward. near Avenue City
(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.

JUN 21 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 25 1916

7. AGE: Years 16 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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): Bucklin Mo.

FATHER

13. NAME: Ed West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Iowa

MOTHER

15. MAIDEN NAME: Lena Leonard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe Mo.

17. INFORMANT (ADDRESS): Mrs Lena West near Avenue City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Auburn DATE: May 21, 1932

19. UNDERTAKER (ADDRESS): Eleemann Funeral Home St. Joseph Mo.

20. FILED: May 21 1932 J. R. Bussard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to May 18, 1932
I last saw her alive on May 18, 1932. Death is said to have occurred on the date stated above, at 11:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
MB	May 14 1932
1/2 B	
Cause Unknown	

Other contributory causes of importance: 2 B

Tubercular Hip about 4 years

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) R. E. Ferguson, M. D.
(Address) 4520 Ridgeway St. Joseph Mo.