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.

SEP 24 1932

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

Do not use this space.

1. PLACE OF DEATH
County New Madrid
Township ~~Lafont~~
City Portagwille (No. ..... , ... St. ..... Ward)

Registration District No. 607
Primary Registration District No. 4,361

File No. 23530
Registered No. .....

2. FULL NAME Viola West
(a) Residence, No. Portagevillle, Mo. St., ... 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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE (18) 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) Clever branch Miss

FATHER
13. NAME Monro Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clever branch Miss

MOTHER
15. MAIDEN NAME Rose Spence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clever branch Miss

17. INFORMANT (ADDRESS) Dewey West

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portagwille DATE 7-11 19

19. UNDERTAKER (ADDRESS) R M Payne Portagwille Mo

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 10, 32, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 7th, 1932 to July, 9, 32, 19
I last saw her alive on July, 9th, 32, 19 Death is said to have occurred on the date stated above, at II A.
The principal cause of death and related causes of importance were as follows:

Typho-Malaria

Date of onset

137A
1332

Other contributory causes of importance:
Nepritis with suppression of urine

Name of operation None 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) A A Reeder, M. D.
(Address) Portagwille, Mo.