

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

Do not use this space.

25771

1. PLACE OF DEATH
 27 County Cook Registration District No. 22
 4 Township Primary Registration District No. 4134
 1 City Wesville (No.) St. Ward

2. FULL NAME Mary E West
 (a) Residence, No. 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.

File No.
 Registered No.

AUG 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX L 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John West
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1848
 7. AGE YEARS 83 MONTHS 10 DAYS 24 If LESS than 1 day,hrs. ormin.
 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) Cook Co Mo
 FATHER 13. NAME Geo Robertson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT W West
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
 19. UNDERTAKER J. Spillers
 (ADDRESS)
 20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to Aug 1, 1932
 I last saw him alive on Aug 1, 1932 Death is said to have occurred on the date stated above, at 8 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset July 27/32
arterio-sclerosis
Hypertension
 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? no
 If so, specify
 (Signed) , M. D.
 (Address)

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.

