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

Do not use this space.

32776-a

1. PLACE OF DEATH

County: Lawrence — Registration District No.: 469

Township: Greene — Primary Registration District No.: 5-632

File No.:

Registered No.: 26

City: (No. , St. Ward)

2. FULL NAME: Stella Opal West

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-7-1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	25	1	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

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): Lawrence Co. Mo.

FATHER

13. NAME: John Stiles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mead Co. Ky.

MOTHER

15. MAIDEN NAME: Sally Lamb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mead Co. Ky.

17. INFORMANT (ADDRESS): Mrs Stiles Round Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kinnatown DATE: 10-10-1932

19. UNDERTAKER (ADDRESS): Morris Lemon Miller Mo.

20. FILED 10-1 1932 W. S. Bonce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-9-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1932 to Oct 9th 1932

I last saw her alive on Oct 8th 1932. Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	9-2-32
Pharyngitis, Inflammatory	9-23-32
Lobar Pneumonia RLA	10-6-32

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Symptoms 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) L. J. Schlueter, M. D.

(Address) Miller Mo.

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.