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.

JUL 28 1933

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

Do not use this space. 14288 A

1. PLACE OF DEATH 91
County Ripley — Registration District No. 7V0 — File No. 12
Township [illegible] — Primary Registration District No. 6246 — Registered No. 1178
City Doniphan (No. ..... St. ..... Ward)

2. FULL NAME Dosia Caroline West
(a) Residence, No. Briar Creek, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred X yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-11-1859

7. AGE — YEARS 64 — MONTHS 2 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

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) Macon, Georgia

FATHER
13. NAME W. L. Shepard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER
15. MAIDEN NAME Cloninger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT (ADDRESS) D. O. West Briar Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge West, DATE 4-28-33

19. UNDERTAKER (ADDRESS) Jordan Doniphan Mo.

20. FILED 6-11-, 1933 E. D. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1933, to 4/28, 1933
I last saw her alive on 4/28, 1933. Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/1/33
103 108	

Other contributory causes of importance:

Name of operation ..... 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) Clifford Gofort, M. D.
(Address) Doniphan Mo.

37
1859
64