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

Do not use this space.

Georgie

D 22848

File No. D 22848

Registered No. 547

Ward)

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 2001

City Springfield Mo., Lafayette & Grassing St. (No.)

2. FULL NAME Jeffries W. West

(a) Residence, No. 1703 Wall St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	1	17	

OCCUPATION

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

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) Springfield Mo.

FATHER

13. NAME J. H. West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER

15. MAIDEN NAME Belle Melton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Sis Gertrude Dull
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nuddemar DATE July 26 1933

19. UNDERTAKER Alma Lapmeyer Hom
(ADDRESS) Springfield Mo.

20. FILED 7-26, 1933 R. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw him ~~alive~~ dead on 7-22, 1933 Death is said to have occurred on the date stated above, at 5:10 P.m.

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

	Date of onset
Fractured Skull - Crushed Chest - and other injuries. Caused by RR Motor hitting Truck which he was driving	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-22, 1933

Where did injury occur? RR Crossing
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury as above

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Olga A Georgi - Coroner, M.D.

(Address) Springfield 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.

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

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