

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.

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

Do not use this space.

FEB 15 1935

2052

1. PLACE OF DEATH

County Marion
Township Miller
City (No.)

Registration District No. 1040
Primary Registration District No. 6276

File No.
Registered No. 2 Ward

2. FULL NAME

Barney Ellen West

(a) Residence, No. St. Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Emmitt West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/19/1874</u>		
7. AGE <u>61</u>	YEARS <u>1</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Clark Bennett</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Sarah Parmer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>William Emmitt West</u> (ADDRESS) <u> </u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union</u> DATE <u>Jan 25 35</u>		
19. UNDERTAKER <u>Thos W. Githert</u> (ADDRESS) <u> </u>		
20. FILED <u>2-2-35</u> <u>C. W. Winkelman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1/24/1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>1/20/35</u> to <u>1/24/35</u> I last saw him alive on <u>1/11/35</u> Death is said to have occurred on the date stated above, at <u>4 A.m.</u> The principal cause of death and related causes of importance were as follows: <u>Mitral Valvulation</u> Date of onset <u> </u>
Other contributory causes of importance: <u>Diabetes Hypertension</u>
Name of operation <u> </u> Date of <u> </u> What test confirmed diagnosis? <u>Exam.</u> Was there an autopsy? <u> </u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u>
Manner of injury <u> </u> Nature of injury <u> </u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u> </u> (Signed) <u>A. J. Grider</u> , M. D. (Address) <u>Dixon Mo.</u>

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