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.

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

APR 29 1935

Do not use this space.

14338

791

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File No.

Registered No. 3155

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp #1 St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Grover C West

(a) Residence, No. 6643 Hancock Ward 3
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1885

7. AGE YEARS 49 MONTHS 8 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Missouri

FATHER

13. NAME Thomas West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER

15. MAIDEN NAME Lovey Swan

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

17. INFORMANT (ADDRESS) Hosp by Mr Kent City Hosp #1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Dixon Mo DATE April 8 1935

19. UNDERTAKER (ADDRESS) Francis J Fahey Madison Ill.

20. FILED APR 5 1935 19 J W Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1935 to 4/5 1935

I last saw him alive on 4/5 1935 Death is said to have occurred on the date stated above, at 2:00 p.m.

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

	Date of onset
Hypertensive Heart Disease	1931

Other contributory causes of importance: 95 b

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? 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?

If so, specify

(Signed) Robert J Farrell, M. D.

(Address) City Hosp #1