JAN 15 1936

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

Do not use this space.

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1. PLACE OF DEATH
County Buchanan Registration District No. 1001 File No.
Township Washington Primary Registration District No. Registered No. 134?
City St. Joseph Mo. (No. 3426 Seneca St. Ward)

2. FULL NAME Mary Elizabeth West
(a) Residence, No. 3426 Seneca 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	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female	21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 22, 1935
4. COLOR OR RACE: White	22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935, to Dec 22, 1935; I last saw her alive on Dec 17, 1935. Death is said to have occurred on the date stated above, at ....m.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married	The principal cause of death and related causes of importance were as follows: Cerebral Thrombosis; left Hemiplegia. Date of onset: Dec 9-35
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Samuel J. West	Other contributory causes of importance: Hypostatic Pneumonia; Hypertension
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 21, 1875	Name of operation .... Date of ....
7. AGE: Years 60, Months 6, Days 1. If LESS than 1 day, ...hrs. or ....min.	What test confirmed diagnosis? Clinical. Was there an autopsy? no
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife	23. If death was due to external causes (violence), fill in also the following:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:	Accident, suicide, or homicide? .... Date of injury ...., 19....
10. Date deceased last worked at this occupation (month and year): .... 11. Total time (years) spent in this occupation:	Where did injury occur? .... (Specify city or town, county, and State)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maysville, Mo.	Specify whether injury occurred in industry, in home, or in public place.
FATHER 13. NAME: William C. Owens unknown	Manner of injury ....
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee	Nature of injury ....
MOTHER 15. MAIDEN NAME: Phoebe Pelt	24. Was disease or injury in any way related to occupation of deceased? no
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co. Mo	If so, specify ....
17. INFORMANT: Samuel G. West (ADDRESS): 3426 Seneca	(Signed) L. H. Fuson, M. D.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Amith, Mo. DATE: Dec. 24, 1935	(Address) St. Joseph Mo.
19. UNDERTAKER: Fleeman & Son (ADDRESS): St Joseph, Mo	
20. FILED 12-23, 1935 John R Bender, Registrar.	

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.

...UNFADING INK—THIS IS A PERMANENT RECORD