

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.

MAY 21 1936

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

Do not use this space.

14999

1. PLACE OF DEATH

County Howell Registration District No. 384
Township West Plains Primary Registration District No. 4227
City West Plains (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Catherine McNays West

(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
6. A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo Clark West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 1849</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>9</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Missouri</u>		
FATHER	13. NAME <u>McNays</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>William West West Plains, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calloway Cem</u> DATE <u>APR 20 1936</u>		
19. UNDERTAKER (ADDRESS) <u>GIEFARLAND UNDERTAKING CO. WEST PLAINS, MO.</u>		
20. FILED <u>4-20</u> 19 <u>36</u> <u>Vida W Simons</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to April 18, 1936
First saw her alive on April 10, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Sarcosina of heart 1933
53
Other contributory causes of importance:
Arteriosclerosis
Name of operation none Date of
What test confirmed diagnosis? Chemical 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) P. D. Brown, M. D.
(Address) West Plains, Mo

