JUN 22 1936

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

Do not use this space.

19931

1. PLACE OF DEATH
County Lawrence
Township Red Oak
City ..... (No. ..... St. ..... Ward)

Registration District No. 1034
Primary Registration District No. 3631

File No. .....
Registered No. 6

2. FULL NAME John 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-1862

7. AGE: YEARS 74 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Lawrence Co. Mo.

FATHER
13. NAME John West
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Sarah Byrd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. John West Lamyrsell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Red Oak DATE 5-12- 1936

19. UNDERTAKER (ADDRESS) Morris & Lerman Miller Mo.

20. FILED May 15 1936 Alta Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch-8-, 1936, to May, 10-, 1936
I last saw ~~him~~ alive on May 10, 1936. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	
23	

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? ..... 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) J. A. Hope, M. D.
(Address) Golden City Mo.

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.

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