

MAY 23 1936

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

Do not use this space.

20136

1. PLACE OF DEATH

County Newton  
Township Newton  
City Stark City, Mo.

Registration District No. 111  
Primary Registration District No. 111

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joseph Brooks 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 1, 1936  
I last saw him alive on Aug 1, 1935 Death is said to have occurred on the date stated above, at 9:15 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1860

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 9 26

Cerebral Hemorrhage  
Date of onset \_\_\_\_\_

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

Other contributory causes of importance \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER FATHER 13. NAME James H. West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Elizabeth Archer

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Ernest West (ADDRESS) Stark City, Mo.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Cem DATE May 1

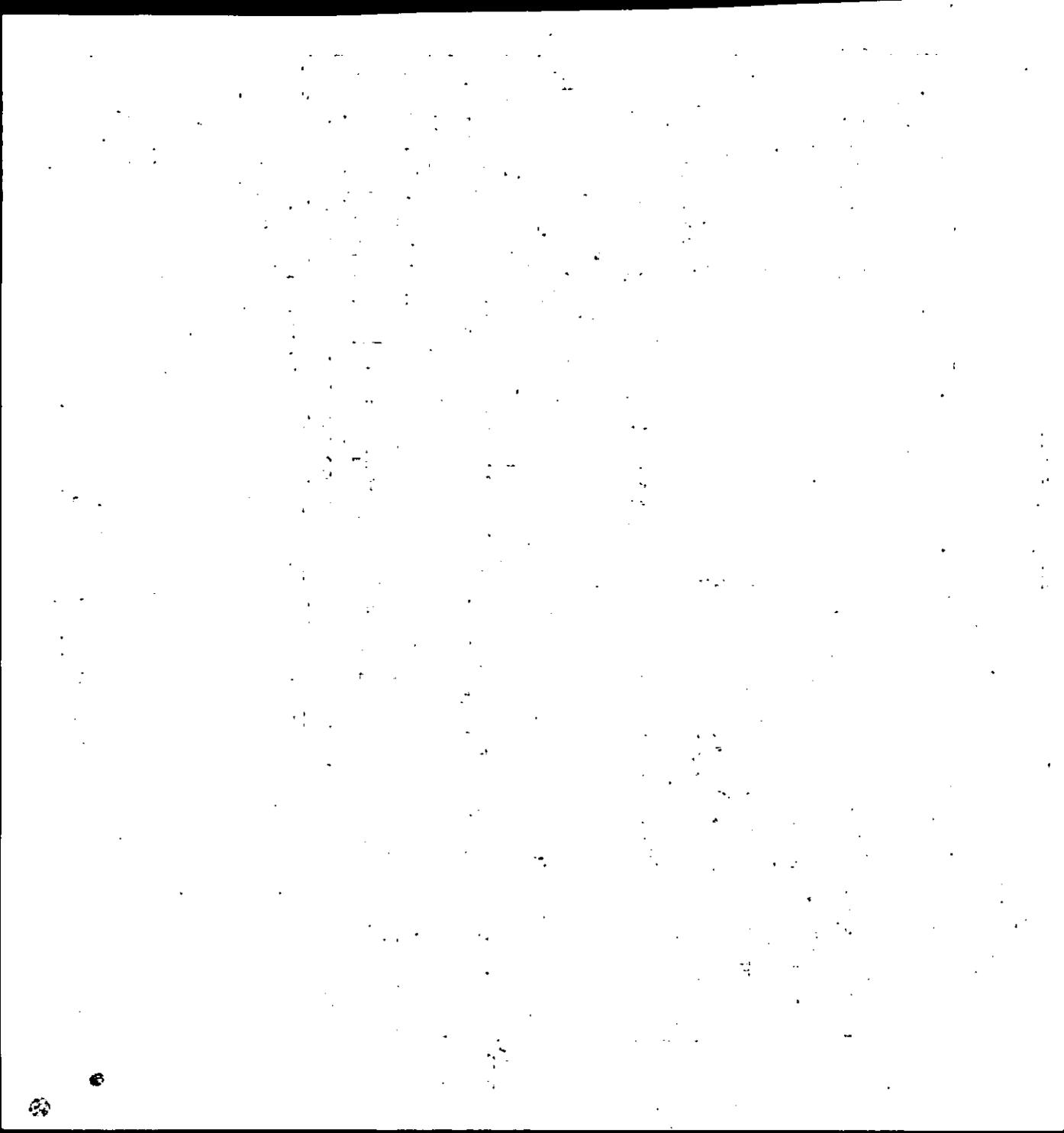
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

(Signed) S. A. Russell, M. D.  
(Address) Fairview, Mo.

20. FILED \_\_\_\_\_ 19\_\_\_\_ Registrar \_\_\_\_\_

CAUSE OF DEATH TO BE PRINTED IN FULL



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

Do not use this space.

20196

**1. PLACE OF DEATH**

County Newton  
Township Newtonia  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 614  
Primary Registration District No. 5311

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Brooks 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5 - 1860</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	IF LESS THAN 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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	

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1936

2. I HEREBY CERTIFY, That I attended deceased from Aug, 1935, to May 1, 1936

I last saw him alive on Sept, 1935. Death is said to have occurred on the date stated above, at 9:15 2 m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage (Date of onset \_\_\_\_\_)

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) S.A. Russell, M. D.  
(Address) Fairview Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>James D West</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	15. MAIDEN NAME <u>Elizabeth Archer</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	17. INFORMANT (ADDRESS) <u>Joseph West Stark City Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hell Cem</u> DATE <u>May 2 1936</u>
	19. UNDERTAKER (ADDRESS)
	20. FILED <u>Aug 14 1936</u> <u>M F Ralens</u> Registrar

S-20196