DEC 30 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 81 — File No. 43786
Township — Primary Registration District No. 4049 — Registered No. 10
City DeKalb, (No. DeKalb, Missouri, St. Ward)

2. FULL NAME Beulah E. West,
(a) Residence, No. DeKalb, Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1869

7. AGE: YEARS 67 — MONTHS 8 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
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) DeKalb, Missouri,

FATHER
13. NAME Thomas West,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Sterling, Kentucky,

MOTHER
15. MAIDEN NAME Margaret J. Chitwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Missouri,

17. INFORMANT (ADDRESS) Miss Hattie West DeKalb, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeKalb, Mo. DATE Dec. 24th, 1936

19. UNDERTAKER (ADDRESS) Healon-BeGale & Bowman St. Joseph, Mo. Funeral Home

20. FILED Dec 28, 1936 J. W. McAdow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1936, to Dec 23, 1936
I last saw her alive on Dec 22, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Aug 1936

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) E. B. McAdow, M. D.
(Address) DeKalb 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.

I X7044