

FEB 29 1936

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

Do not use this space.

45866

1. PLACE OF DEATH

County Linn  
Township Linn  
City Lincoln (No. 2)

Registration District No. 721  
Primary Registration District No. 0959

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Robert 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<br><u>M</u>  | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>M</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Johanna West</u> |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>1860</u>                              |                              |   |
| 7. AGE YEARS<br><u>76</u>   | MONTHS                       | DAYS  |
| IF LESS than 1 day, .... hrs. or .... min.  |                              |   |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><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 <u>Life</u>  |

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

MOTHER 13. NAME Marion West

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

15. MAIDEN NAME Anna Faye Holman

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

17. INFORMANT David West

18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship Cem DATE Dec 28 1936

19. UNDERTAKER F. O. Husted & Son

(Address) Warrensburg, Mo.

20. FILED Jan 4 1936 G. W. Dilline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 11, 1936, to 11, 1936.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:00 a.m.

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

Myocardial Infarction (Chime) Date of onset

Other contributory causes of importance

Name of operation..... Date of.....

What test confirmed diagnosis? Heart History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) F. O. Husted - Coroner

(Address) Warrensburg, Mo.

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.

