

APR 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13092

1. PLACE OF DEATH

County Ralls
 Township Saverton
 City Shawano (No. Shawano Mo)

Registration District No. 726
 Primary Registration District No. 5-75-8

File No. 13092
 Registered No.
 St. Ward

2. FULL NAME

Phoebe Alice West

(a) Residence, No. Shawano Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Valney West
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Retired
 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) Barry Ill.

FATHER 13. NAME Bill Britton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucille Foster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Mable Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Marble Creek DATE 3/14/37

19. UNDERTAKER (ADDRESS) James O. Connell
Shawano Mo.

20. FILED Dec 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to March 12, 1937

I last saw him alive on March 12, 1937. Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Date of onset 3/11/37

Other contributory causes of importance: Acute indigestion with food poisoning

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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

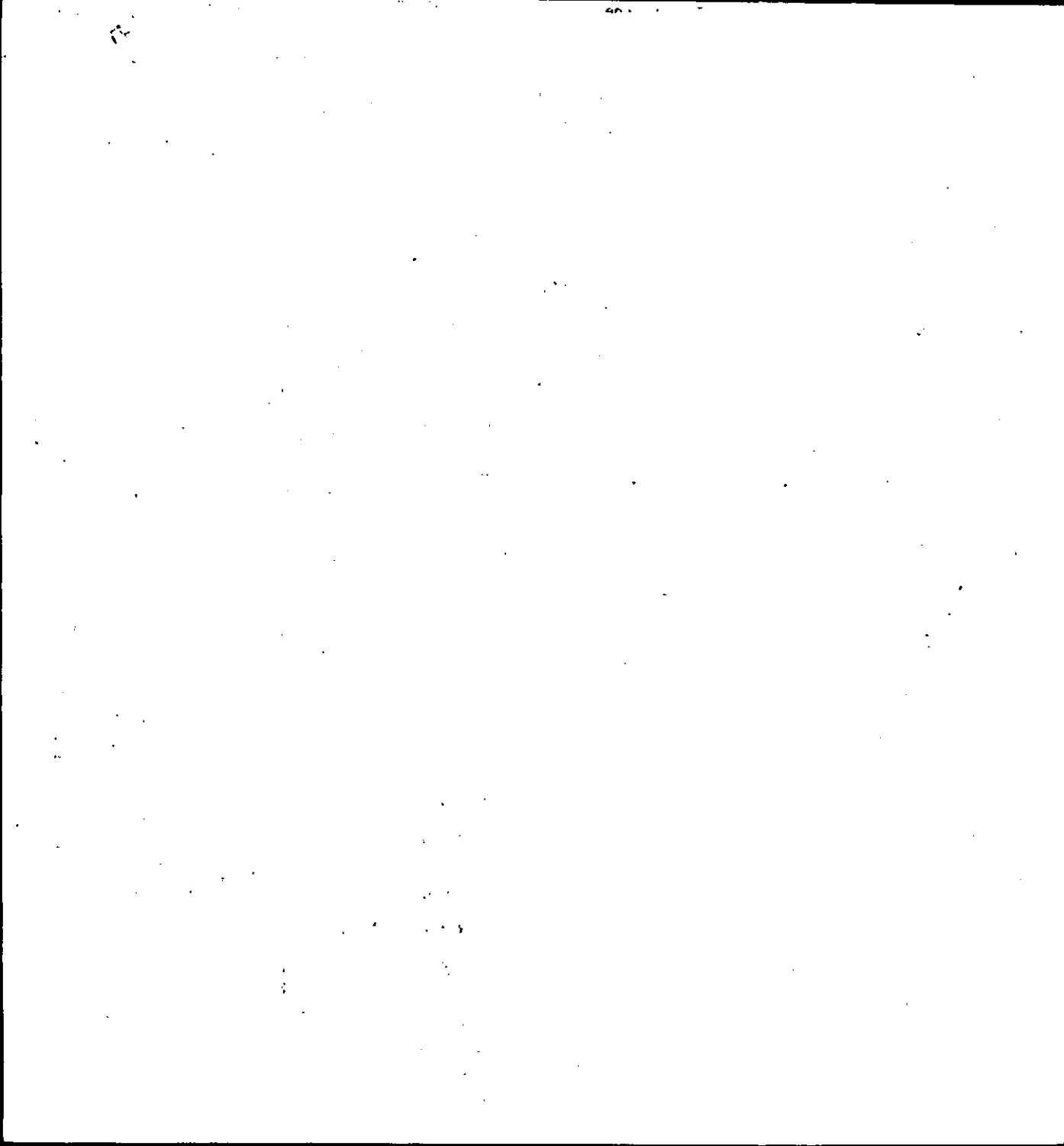
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. P. Parke, M. D.

(Address) Hannibal Mo



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BallwinRegistration District No. 226File No. 12092Township SavertonPrimary Registration District No. 3758

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Phoebe Alice 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 74. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (*write the word*) wid5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS 78MONTHS 3DAYS 15IF 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

mch 161937BlancheMegaron

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mch 12 1937

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19_____, to _____, 19____.

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

to have occurred on the date stated above, at _____ m.

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

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) H. L. Baris, M. D.(Address) Hennibal

5-13692