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.

AUG -5 1937

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

Do not use this space.

File No. 26038

Registered No. 7212

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Fern Bernice West

(a) Residence, No. ..... St., NR Ward. Dexter Mo
(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) July 20th, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	0	8	

OCCUPATION

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

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) Oden, Illinois

FATHER

13. NAME Sam West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Missouri

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oden, Indiana

17. INFORMANT (ADDRESS) I. O. Vivian West, Dexter, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dexter, Mo. DATE July 30th, 19 37

19. UNDERTAKER (ADDRESS) Albert H. Hoppe, Inc. 429 N. Euclid Avenue

20. FILED JUL 29 1937 19 ..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 5-24-, 1937 to 7-28-, 1937

I last saw h. alive on 7-28-, 1937. Death is said to have occurred on the date stated above, at 5 P m.

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

	Date of onset
Carcinoma of Lung	
Metastatic Tumor of Brain	

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) C. B. Phillips, M. D.

(Address) BARNES HOSPITAL