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.

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 46762
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 488
City Jefferson Barracks, Mo. No. Veterans Hospital St. Ward)

2. FULL NAME Oscar WEST
(a) Residence, No. 1516 Ward Avenue St., Ward. Caruthersville, Missouri
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Ethel West

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 1889

7. AGE: YEARS 48 — MONTHS 3 — DAYS — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Collector
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): Zalma, Missouri

FATHER
13. NAME: William WEST
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Mary Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Orleans, Louisiana

17. INFORMANT (ADDRESS): Clinical Clerk, VFA, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthersville, Mo DATE December 16 1937

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

20. FILED Dec. 14 1937 G. Mowry per S.P.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 11th, 1937, to December 13th, 1937
I last saw him alive on December 13th, 1937 Death is said to have occurred on the date stated above, at 1:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by sharp instrument (by cutting throat with safety razor blade.)	12/13/37
Other contributory causes of importance: Primary hemorrhage (Severance of both external jugular veins)	12/13/37

Name of operation None Date of
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12/13, 1937
Where did injury occur? VFA, Jeff. Barracks, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Government Hospital
Manner of injury Suicide with razor
Nature of injury Laceration of throat

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John O'Connell, M.D.
(Address) Coroner, St. Louis Co.