REC'D JUN 8 1938

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

Do not use this space.

18564

1. PLACE OF DEATH
County Jasper
Township
City Sarcoxie (No. , St. Ward)
Registration District No. 416
Primary Registration District No. 4246.
File No.
Registered No.

2. FULL NAME William Hardin 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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1866

7. AGE YEARS 72 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. Laborer-Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
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) Maries County Missouri

FATHER
13. NAME Richard West
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME Elsie Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Laura West Sarcoxie, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sarcoxie Cemetery DATE 5/29 38, 19

19. UNDERTAKER (ADDRESS) Engelage Funeral Home Sarcoxie, Mo

20. FILED 5/28, 1938 Leroy Simmons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1938, to May 28, 1938
I last saw him alive on May 27, 1938. Death is said to have occurred on the date stated above, at 2 00 A? M.
The principal cause of death and related causes of importance were as follows:
Appoplexy.

Date of onset

Other contributory causes of importance:
Chronic Nephritis.

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? No
If so, specify
(Signed) L A Peterson D.O. M.D.
(Address) Sarcoxie 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.