

REC'D JUL 20 1938

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

Do not use this space.

21947

## 1. PLACE OF DEATH

County

Henry

Registration District No.

347

Township

Clifton

Primary Registration District No.

3018

City

(No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

John William West

St.

Ward.

230

(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

Isabel West

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

Aug 1855

7. AGE

YEARS

87

MONTHS

9

DAYS

8

If LESS than 1  
day, .....hrs.  
or .....min.

OCCUPATION

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

Farming

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)

Kentucky

13. NAME

Selis Street

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

Kentucky

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT  
(ADDRESS)Minnie Abney  
Clifton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLAC

Cremated

DATE

6-24-38

19. UNDERTAKER  
(ADDRESS)Williamson & Home  
Clifton, Mo

20. FILED

7-5

1938

Dr. J. R. Hampton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

6-22-1938

22. I HEREBY CERTIFY, That I attended deceased from  
May 20<sup>38</sup>, 1938, to June 22, 1938.

I last saw him alive on June 22, 1938. Death is said

to have occurred on the date stated above, at 7:40 p.m.

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

Carcinoma of liver

Date of onset

Unknown

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? Date of injury

Where did injury occur? Date of injury

(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)

S. B. Hughes, M. D.

(Address)

312

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.

