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.

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

Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH

County Iron — Registration District No. 391 — File No. 35874

Township Arcadia — Primary Registration District No. 4230 — Registered No. 64

City Ironton — (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mary West

(a) Residence, No. St., Ward. Arcadia
(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: F
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: Richard West

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 9, 1876

7. AGE: YEARS 62 — MONTHS 2 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Arkansas

FATHER
13. NAME: Ellis Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sarah Jane Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Richard West, Arcadia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem DATE Oct 27, 1938

19. UNDERTAKER (ADDRESS): Loucke Funeral Service, Ironton, Missouri

20. FILED Oct 26, 1938 R A Rasche, Registrar. 353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1929, to Oct. 23, 1938
I last saw her alive on 10-25, 1938. Death is said to have occurred on the date stated above, at 11.00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
66 P	

Other contributory causes of importance:

Hypertension

Name of operation Hysterectomy Date of 10-24-38
What test confirmed diagnosis? Clp. 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, 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) George Gry, M. D.
(Address) Ironton - Mo