

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

Do not use this space.

REC'D JAN 25 1939

1. PLACE OF DEATH

55

County Lawrence
Township North Vernon
City Mt. Vernon

Registration District No. 470
Primary Registration District No. 5-633
(No. Missouri State Sanatorium) 1

File No. 43637
Registered No. 154
St. _____ Ward _____

2. FULL NAME 230 Harold Julian West

(a) Residence, No. Essex, Missouri St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Nov. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dudley D (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Lawrence West

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

15. MAIDEN NAME Bessie May Baird

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

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Mo DATE Dec 22 1938

19. UNDERTAKER Blankinship & Strickland (ADDRESS) Dexter Mo 424

20. FILED Dec 22 1938 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936 to Dec. 22, 1938. I last saw him alive on Dec. 21, 1938. Death is said to have occurred on the date stated above, at 4:00a.m.

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

Pulmonary Tuberculosis 4pc.
Date of onset

Other contributory causes of importance: 23

Name of operation _____ Date of _____
What test confirmed diagnosis? Chest 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? _____
If so, specify _____ (Signed) E. McMichael, M. D.

Missouri State Sanatorium, Mt. Vernon Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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