

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

Do not use this space.

43228

1. PLACE OF DEATH

County Daviess  
Township Winston Mo.  
City 230 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 255  
Primary Registration District No. 4155

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George D. West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22-1862</u>		
7. AGE <u>87</u>	YEARS <u>2</u>	MONTHS <u>2</u>
		DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Winston, Mo  
(STATE OR COUNTRY)

13. NAME Edward Wood  
14. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Kanchad  
16. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

17. INFORMANT Charles West  
(ADDRESS) Winston, Mo

18. BURIAL, CREMATION, OR DISPOSAL  
PLACE Christian Chapel DATE Dec 24 1939

19. UNDERTAKER Mrs. Kate Straup  
(ADDRESS) Winston, Mo

20. FILED Dec 25, 1939 F. B. Wilson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1939 to Dec 23 1939

I last saw her alive on Dec 23 1939 Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Bronchopneumonia

Other contributory causes of importance:  
Acute Paratyphoid (Rt)  
Senility

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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?  
If so, specify \_\_\_\_\_

(Signature) Edmund C. Neuman M. D.  
(Address) Tallatun Mo

RECEIVED

STATIONER GENERAL CO. 191

140-22881

JAN 26 1940

I Virgil V. Strang Licensed No 4074  
hereby certify that the body recorded on reverse side was embalmed  
by me -

Virgil V. Strang  
No 4074