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

Do not use this space.

6166

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township ~~N Campbell~~ — Primary Registration District No. 2001 — Registered No. 169
City Springfield Mo (No. 821 N Main St. Ward)

2. FULL NAME Maxine West
(a) Residence. No. 821 N Main St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 - 1923.
7. AGE: Years 5 — Months 5 — Days 7 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jim R West
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Jessie Stylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Jim R West
(Address) 821 N Main
15. FILED 2/22, 1929 O C Horst Mr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 am Feb 16 1929
17. I HEREBY CERTIFY, That I attended deceased from Feby 15, 1929, to Feby 16, 1929 that I last saw her alive on Feby 16, 1929, and that death occurred, on the date stated above, at 12 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
109A
(duration) 24 hours yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Small pox
(duration) about 6 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T V B Crane, M. D
2/22, 1929 (Address) 318½ College

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Evd Lawn Cemetery — DATE OF BURIAL: 2/17/29
20. UNDERTAKER: W L Stearns — ADDRESS: Walnut Market

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.

MAR 22 1929