

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.

AUG 26 1931

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

Do not use this space.

1. PLACE OF DEATH  
 County: Juvenile Registration District No. D. 318 File No. 24750  
 Town: Campbell Primary Registration District No. 2901 Registered No. 517  
 (No. Springfield Baptist Hospital)  
 2. FULL NAME Robert C. West  
 (a) Residence, No. 1319 3rd Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 57 yrs. 11 mos. \_\_\_\_\_ 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Scott West  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873 July 6  
 7. AGE YEARS MONTHS DAYS 57 11 14 LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher  
 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) mo  
 FATHER 13. NAME J. J. West  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo  
 MOTHER 15. MAIDEN NAME Margaret Leeper  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo  
 17. INFORMANT Mrs. Robert C. West  
 (ADDRESS) 1319 3rd Ave. Juvenile  
 18. BURIAL, CREMATION, OR REMOVAL Johns Chapel DATE July 7 1931  
 19. UNDERTAKER W. W. West  
 (ADDRESS) 294 W. 1st St.  
 20. FILED 7-7 1931 Tom Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1931  
 22. I HEREBY CERTIFY, That I attended deceased from July 5 1931 to July 6 1931  
 I last saw him alive on July 5 1931. Death is said to have occurred on the date stated above, at 3:15 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Peritonitis  
121A  
129  
 Other contributory causes of importance:  
Ruptured Appendix  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Walter Smith  
 (Address) Springfield, Mo

623