

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

Do not use this space.

12897 ✓

1. PLACE OF DEATH

48 County Jackson Registration District No. 401
 Township Man O'War Primary Registration District No. 5-356
 City Jack (No. St. Ward)

2. FULL NAME

William H West
 (a) Residence, No. Jack St. Ward. (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>M</u>	4. COLOR OR RACE <u>A</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hollie West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-28-1890</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>1</u>
	DAYS <u>1</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>Farmer</u>	11. Total time (years) spent in this occupation <u>18 1/2</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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stone Jack, Mo.</u>		
FATHER	13. NAME <u>David J. West</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoxville, Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Minerina E. Alexander</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Strasburg, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Hollie West</u> <u>Jack, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stone Jack, Mo.</u> DATE <u>5-1-</u> <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Fielder-James Co.</u> <u>St. L. Mo.</u>		
20. FILED <u>June 10</u> 19 <u>32</u> <u>Mrs. Carl Hay</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 1932
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Lesion of Abdominal Aorta Date of onset

Other contributory causes of importance:
Gun shot wound

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury April 29, 1932
 Where did injury occur? near Stone Jack, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Gun shot wound
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Chas. J. ... M. D.
 (Address) St. Louis, 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.

APR 22 1932

