

REC'D MAY 6 1938

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

14565

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295
(b) Township Meramec Primary Registration District No. 4179 Registered No. ~~XXXX~~ # 16
(c) City Sullivan (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 33 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lula May West 230
(a) Residence, No. Sullivan, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND OF Chas. E. West
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 2 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Factory Worker
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
10. Date deceased last worked at this occupation (month and year) Apr. 11, 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton, Mo.

FATHER 13. NAME John E. Cain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Margaret M. Blake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Chas. E. West
Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE April, 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos. P. Shaffer
Sullivan, Mo.

20. FILED 4/20, 1938 Edgar W. Laffoon
Loph/Registrar. 268

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1938, to Apr. 19, 1938
I last saw him alive on Apr. 19, 1938. Death is said to have occurred on the date stated above, at 3:30 P. M.
The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation

Other contributory causes of importance: 95 B2
Neurotic collapse
of several days duration

Name of operation _____ Date of _____
What test confirmed diagnosis? physical 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) J. P. Royce, M. D.
Sullivan, Missouri.

