N. B.—Every item of information should be carefully supplied. AGE should be stated E[illegible]Y. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 24 1938

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

Do not use this space.

25490

1. PLACE OF DEATH
County Howell
Township Howell No. 2
City (No. , St. Ward)
Registration District No. 384
Primary Registration District No. 5535
File No.
Registered No.

2. FULL NAME John Wesley West 230
(a) Residence, No. Brandsville, Mo. St. Rt. 1. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2, 1853
7. AGE: 84 YEARS: [illegible] MONTHS: [illegible]8. DAYS: 32 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer, retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmed for himself.
10. Date deceased last worked at this occupation (month and year): 15 years.
11. Total time (years) spent in this occupation: 69 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County, Mo. 0

FATHER
13. NAME: Lee West 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Francis Shoemaker. 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Mrs. Florence Pentacost.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Meltabarger Cemetary. DATE: 7/6/38. 19
19. UNDERTAKER (ADDRESS): David [illegible] Pottersville, Mo.
20. FILED: 7-6, 1938 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/5/38. , 19

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1938, to July 5th. 1938
I last saw him alive on July 4th. 1938. Death is said to have occurred on the date stated above, at 5:25A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis, general.	7/2/38

82a1

Other contributory causes of importance:
Arterio-Scleriosis.
Undetermined.

Name of operation: No. Date of: XX
What test confirmed diagnosis? Clinical. 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? No.
If so, specify XXXX
(Signed) A. H. Thornburgh, M. D.
344 (Address) West Plains, Mo.

82

CAUSE TO ARBITRATE

IN THE MATTER OF A DISPUTE BETWEEN

Brotherhood of Maintenance of Way Employes

and

Chicago, Burlington & Quincy Railroad Co.

N. B.—Every item of information should be carefully supplied. AGE should be state[illegible] PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem[illegible]CUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

25-490
Do not use this space.

1. PLACE OF DEATH
(a) County Howell — Registration District No. 384
(b) Township Howell — Primary Registration District No. 5535 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Wesley West
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) (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 (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 84 — MONTHS 8 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED — 19 — *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19....
I last saw h..... 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:

	Date of onset
Paralysis general.	
Cerebral hemorrhage - slow - lived 4 days after paralysis started.	
Other contributory causes of importance: 9/22/38.	
Arteriosclerosis	
82 M	

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) A. H. Thornburgh, M. D.
(Address) West Plains Mo.

SUPPLEMENTARY