

REC'D JUN 14 1939

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

18099
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 543
(c) City St. Joseph (d) Street No. 2421 South 18th 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel Commodore West

(a) Residence, No. 2421 S 18th, St. Joseph 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 29, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 4 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Building Contractor
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) Macon County, 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Alexander A. West 0

14. BIRTHPLACE (CITY OR TOWN) Macon County, 1
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Rachel M. Driver

16. BIRTHPLACE (CITY OR TOWN) Columbus,
(STATE OR COUNTRY) Indiana

17. INFORMANT Laura T. West
(ADDRESS) 2421 S 18th, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora DATE 5-25-1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer
(ADDRESS) 1302 Faraon St., St. Joseph

20. FILED May 25 1939 H. J. Westebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to May 23, 1939

I last saw him alive on May 9, 1939. Death is said to have occurred on the date stated above, at 6:30 P.
The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Date of onset 1936

Other contributory causes of importance:

Hypertension
Chronic glomerular nephritis

Name of operation none Date of no
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
(Signed) J. J. Chatterton, M. D.
(Address) Kirkpatrick Bldg

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.

