REC'D AUG 11 1939

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

25106
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City or Town St. Joseph
Registration District No. 85
Primary Registration District No. 1001
Registered No. 778
(d) Street No. St. Joseph, Hospital 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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 730 Laura Tuttle West
(a) Residence, No. 2421 South 18th. St. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 16, 1868

7. AGE: Years 70 | Months 7 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Butler County
(STATE OR COUNTRY) Pennsylvania

FATHER
13. NAME Horatio G. Tuttle
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Margaret J. Peters
16. BIRTHPLACE (CITY OR TOWN) Butler County
(STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs. Lon A. Lewis
(ADDRESS) 2228 Doniphan Ave. St. Jos. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora, Cemetery DATE July 27, 1939

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

20. FILED July 27, 1939 H. J. Nestlebush
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1939, to July 25, 1939
I last saw her alive on July 24, 1939. Death is said to have occurred on the date stated above, at 6:25 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/23/39
54	

Other contributory causes of importance:

Diabetes Mellitus	1925
Hypertension	1931

Name of operation — Date of —
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. F. Thomellino, M. D.
(Address) Kirkpatrick Bldg. St. Jos. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by XX .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Missouri #3946

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.