

REC'D OCT 12 1939

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

31779
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 34
 (b) Township Exeter Primary Registration District No. 6239 Registered No. 16
 (c) City Exeter (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

230 Louise V. West
 (a) Residence, No. _____ 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21 1859</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>1</u>
		<u>27</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>		
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) <u>Waynesville Mo.</u>		
13. NAME <u>Marve S. Inman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jenn. Mo.</u>		
15. MAIDEN NAME <u>Betty Morgan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waynesville Mo.</u>		
17. INFORMANT (ADDRESS) <u>Joseph West Exeter Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maplewood</u> DATE <u>Aug 20 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Harrison Fenwick Cassville Mo.</u>		
20. FILED <u>Sept. 13 1939</u> <u>Mo. H. P. Sealey</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 1st times prior to 1931 to time of death
 I last saw h. alive on Aug. 16 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Senility or old age
 Date of onset 1620

Other contributory causes of importance:
Some Parasites

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholesterol 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? ✓
 If so, specify Sw B hands
 (Signed) Sw B hands, M. D.
 (Address) Cassville 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.

I X 14023

RECEIVED

District Health Officer No. 6, _____

District File Number 1039-2021

Date Filed OCT 9 1939

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 J. C. Canada

Registered Apprentice No. 225, working under my personal supervision

Signed G. E. Cohen

Licensed Embalmer No. 3584

P. O. Address Cassville, Mo.

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

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