

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

Do not use this space.

33560

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. Rockhill Manor)

File No. _____

Registered No. 4329

St. _____ Ward) _____

2. FULL NAME Andrew Jackson Bandy

(a) Residence. No. Rockhill Manor St. _____

(Usual place of abode) _____

Length of residence in city or town where death occurred yrs. mos. ds. _____

Ward. 6

(If nonresident give city or town and State)

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)

married

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

Besse Franklin Bandy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1861

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
65	11	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired General Freight

(b) General nature of industry, business, or establishment in which employed (or employer) & Passenger Agent

(c) Name of employer Rock Island R. R.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT Mr. Besse F. Bandy

(Address) Rockhill Manor

15.

FILED 11/15, 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1927, to Nov. 14, 1927, **and that I last saw him** live on Nov. 14, 1927, **and that death occurred, on the date stated above, at** 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95B
132B 90B
granular renal disease
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) hypertension
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? examination
(Signed) D. W. Linton, M. D.

11/15, 1927 (Address) 901 Bryant Bldg.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Ottawa, Kansas

DATE OF BURIAL 11/15, 1927

20. UNDERTAKER

Stine & M. Clure

ADDRESS

924 Oak

K. R.—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.

WRITE IN INK. WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. O. W. Pinkston,

701 Bryant Bldg.,

Victor 3949

Office Hours 10:30 until 7