

AN 21 1929

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

39519

1. PLACE OF DEATH  
 County Berchman Registration District No. 1001  
 Township St Joseph Primary Registration District No. None  
 City St Joseph (No. None) Hoyes Hospital St. None Ward None

2. FULL NAME Andrew L. Britchard  
 (a) Residence. No. 305 No 13<sup>th</sup> St., None Ward. None  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 6 mos. None da. How long in U.S., if of foreign birth? yrs. None mos. None da.

File No. 1436  
 Registered No. 1436  
 St. None Ward None

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7<sup>th</sup> 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>6</u>	<u>11</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Insurance Agent  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer Retired 6 Mo

BIRTHPLACE (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-14, 1928, to 12-18, 1928 that I last saw h. alive on 12-18, 1928, and that death occurred, on the date stated above, at 2-PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia Lobar  
186 A  
194 B  
108 (duration) yrs. None mos. None da.

CONTRIBUTORY Fracture left hip, exposure  
 (SECONDARY) (duration) yrs. None mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: None

DID AN OPERATION PRECEDE DEATH? No DATE OF None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - X-Ray  
 (Signed) J. A. Lemmon, M. D.  
12/20, 1928 (Address) St Joseph Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cem DATE OF BURIAL 12/20 1928

20. UNDERTAKER J. L. Stringer ADDRESS 716 So 1<sup>st</sup>

14. INFORMANT Mr. A. W. B. B. B.  
 Address 305 No 13<sup>th</sup>

15. FILED DEC 20 1928 John J. G. G. REGISTRAR

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.





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