

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.

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

Do not use this space.

9149

1. PLACE OF DEATH

County Boonville
Township Richland
City Boonville (No. 6070)

Registration District No. 801
Primary Registration District No. 6070

File No. 41
Registered No. 9149
St. Mo. Ward

2. FULL NAME

(a) Residence No. John Adam Andrus St. Ward
(Usual place of abode)

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

Widower

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

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

Apr 14 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

58

10

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Meat Merchant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Boonville

(STATE OR COUNTRY)

Tennessee

10. NAME OF FATHER

Christopher Andrus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Boonville

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Tennessee

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

Lucy Andrus
Boonville Mo

15.

FILED

4/10/29
Walter Edger

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 28 19 29

17.

I HEREBY CERTIFY, That I attended deceased from Jan 28 1929, to Feb 28 1929, that I last saw him alive on Feb 24 1929, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute pneumonia

CONTRIBUTORY (SECONDARY)

Nephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter Edger, M. D.

3/1, 19 29 Address Boonville Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Memorial Park

3/1 19 29

20. UNDERTAKER

ADDRESS

H. H. Weber Boonville Mo

