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

Do not use this space.

11605

1. PLACE OF DEATH

County Montgomery — Registration District No. 092

Township 11 11 — Primary Registration District No. 2790

File No. 23

Registered No. .....

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME George N. Andrews

(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Sarah Andrews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22nd 185[illegible]

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | | 1 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Near

(STATE OR COUNTRY) Buell Missouri

PARENTS

10. NAME OF FATHER Un Known

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

12. MAIDEN NAME OF MOTHER Miss Seal

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

14. INFORMANT Henery Andrews
(Address) Buell Mo

15. Filed 4/10 19 29 D. J. Beatty. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23/29 19

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1929, to March 23, 1929, that I last saw h[illegible] alive on March 23, 1929, and that death occurred, on the date stated above, at 11:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio-pneumonia, acute, right upper, Lower, Left Lower Lobe

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) .....

(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? Physical examinati[illegible]

(Signed) O Buell Menefee, M. D

March 25, 1929 (Address) Montgomery 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 Mc Quoid Cemetery Near Buell Mo — DATE OF BURIAL 3/25/29

20. UNDERTAKER C. W. Hopkins Montgomery — ADDRESS City Mo

Fill out all items 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.