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

Do not use this space.

34096

1. PLACE OF DEATH
County Jasper — Registration District No. 394 — File No.
Township — Primary Registration District No. 4530 — Registered No. 4
City Purcell (No. ..... St. ..... Ward)

2. FULL NAME James Everett 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 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	4	5	

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

9. BIRTHPLACE (CITY OR TOWN) Douglass County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James Andrews
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary M. Strunbank
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) W. Va

14. INFORMANT Mrs Ethel Andrews
(Address) Purcell, Mo

15. FILED Oct 28, 1929 J. A. Jannin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 4th, 1929, to Oct. 21st, 1929, that I last saw him alive on Oct. 21st, 1929, and that death occurred, on the date stated above, at 8 A.M. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
23A

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D A Carlyle, M. D.
10-21-1929 (Address) Alba 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: Purcell Cemetery — DATE OF BURIAL: 10/23 1929

20. UNDERTAKER: Webb City Und Co — ADDRESS: Webb City

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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