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

Do not use this space.

36886

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township N. Campbell — Primary Registration District No. 2001

City Springfield Mo (No. Pythian Home St. Ward)

File No.

Registered No. 829

2. FULL NAME Lucian Bonaparte Andrews

(a) Residence. No. Pythian Home 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
79	~~79~~	11	25	

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Don't Know

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

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT Dr. Patterson
(Address) Pythian Home

15. FILED Nov 5, 1929 Lon Sharp REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1929

17. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___, that I last saw him dead ~~alive~~ on Nov 15, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131
958
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (SECONDARY) Dilatation of heart
(duration) ___ yrs. ___ mos. ___ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 1290

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Murray C. Stone, Coroner, M. D.
Nov 15, 1929 (Address) Springfield, 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 Hannable Mo — DATE OF BURIAL Nov 17 1929

20. UNDERTAKER W. E. Stains — ADDRESS Walnut market

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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