

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

Do not use this space.

**37007**

**1. PLACE OF DEATH**

County Linn  
Township West  
City Plains

Registration District No. 382  
Primary Registration District No. 4227

File No. 108  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John 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 9 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 whit 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Laura Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 9 11

**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) (STATE OR COUNTRY)  
Laura  
South

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
Don't know

14. INFORMANT Laura Andrews  
(Address) West Plains Mo

15. FILED 12-28-1929 DPA Heinrich  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1929, to Nov 22, 1929 that I last saw him alive on Nov 22, 1929, and that death occurred, on the date stated above, at 3:20 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arteriosclerosis, senility  
97  
75 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Mitral insufficiency  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH at home  
(1) DID AN OPERATION PRECEDE DEATH? No DATE OF X  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms  
(Signed) P.A. Sparks, M. D.  
12-28-1929 (Address) West Plains 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 DATE OF BURIAL  
Home land burial Nov 24 1929

20. UNDERTAKER ADDRESS  
McFarland's West Plains

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.

27th Nov