

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

Do not use this space.

38049

1. PLACE OF DEATH

County Pettis
Township Heath Creek #2
City Heath Creek #2 (No. _____)

Registration District No. 670
Primary Registration District No. 3-8-96

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Joseph E. Andrews
(a) Residence, No. Route 11 Highway St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 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)

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

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

7. AGE

YEARS

MONTHS

DAYS

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

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

15.

FILED

19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

HEREBY CERTIFY, That I attended deceased from Nov. 21 - 1929 to Nov. 21 - 1929 that I last saw him alive on Nov. 21 - 1929 and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inferiority of old age

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. D. Brownell, M.D.
, 19 (Address) Van Gorder Mo.

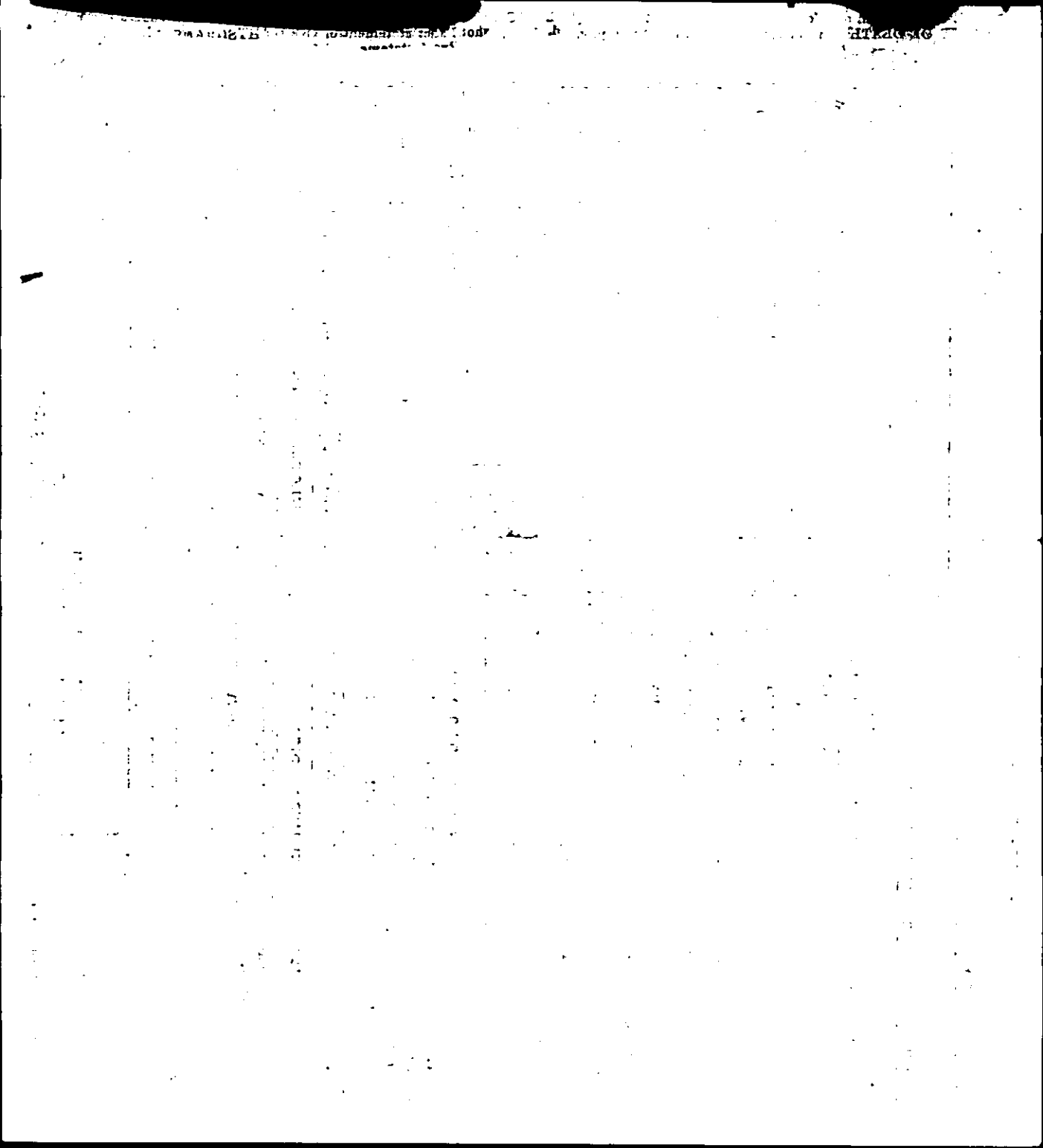
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mulvick Chapel Nov. 23 1929
M. J. Auglin Address

N. B. If information should be carefully supplied. AGE shall be stated in plain terms, so that it may be properly classified. CAUSE OF DEATH is very important. Exact statement is very important.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township Heath Creek
City Heath Creek (No.)

Registration District No. 670
Primary Registration District No. 5896

File No.
Registered No. 1
St. Ward

2. FULL NAME

(a) Residence. No. Route 1 Hughville St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

Fannie Andrews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8-1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
83 7 14

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) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fayette
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Martin Andrews

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

12. MAIDEN NAME OF MOTHER Ann Hudson

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

14. INFORMANT H. H. Ellis
(Address) Hughville Route 1

15. FILED Jan 8, 1930 Flossie Ferguson
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 Nov 21 1929 to Nov 21 1929 that I last saw him (or her) on Nov 21 1929, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infirmities of old age

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

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? J. D. Drowell M. D.
(Signed) , 19 (Address) Longwood 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 Miller Chapel DATE OF BURIAL Nov 23 1929

20. UNDERTAKER McLaughlin Bros ADDRESS Sedalia

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. REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

