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

Do not use this space.

482

1. PLACE OF DEATH
County Cedar — Registration District No. 163 — File No.
Township ~~[illegible]~~ — Primary Registration District No. 4095 — Registered No. 1
City El Dorado Springs (No. Ton St. Ward)

2. FULL NAME Andrew Clifton Harrow
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
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) May 19, 1859

7. AGE: 70 YEARS — MONTHS: 7 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barber
(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): Ky.

PARENTS
10. NAME OF FATHER: D. J. Harrow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT (Address): J. P. Harrow, El Dorado Springs Mo.

15. FILED 1-2-, 1930 J. W. Dawson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to Jan 1, 1930, that I last saw him alive on Dec 31, 1930, and that death occurred, on the date stated above, at 12:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
87 A
77
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Yes
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) N. P. Royston, M. D.
Jan 2, 1930 (Address) El Dorado Springs

*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: El Dorado Springs — DATE OF BURIAL: Jan 8 1930

20. UNDERTAKER: Gwinn-Sider — ADDRESS: El Dorado Springs

WRITE PLAINLY, WITH UNFA[illegible]NT RECORD

N. B.—Every item of information should be carefully supplied. AGE [illegible] EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.