

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

Do not use this space.

2388

1. PLACE OF DEATH

County Rehuel
Township Portage Des Sioux
City (No.)

Registration District No. 756
Primary Registration District No. 5997

File No.
Registered No.
St. Ward)

2. FULL NAME

George Andrusen
(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 Mary Dusselhaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5 27

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) Denmark
(STATE OR COUNTRY)

10. NAME OF FATHER Mr. History
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mr. History
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mr. History
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mr. History
(STATE OR COUNTRY)

14. INFORMANT Geo F Andrusen
(Address) Rehuel Mo

15. FILED Jan 4 1930 Rose Barnard
REGISTRAR Sub

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 1, 1930, to Jan 1, 1930
that I last saw h. alive on Dec 31, 1930, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
97

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C A Barnard, M.D.

Jan 3, 1930 (Address) Portage Des Sioux

*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 Point Prairie bur. DATE OF BURIAL Jan 5 1930

20. UNDERTAKER W Hallmeyer + Sons 60 ADDRESS Rehuel Mo

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.

