FEB 20 1930

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

Do not use this space.

3879

1. PLACE OF DEATH
County Webster — Registration District No. 896 — File No.
Township Ozark — Primary Registration District No. 6198 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Robert 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 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 Andrews

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 29 1867

7. AGE: Years 62 — Months 3 — Days 22 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(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): Webster Co Mo

PARENTS
10. NAME OF FATHER: Jacob Andrews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Mary Ellen Chafin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Virgil Andrews
(Address) Marshfield Mo R F D #5

15. FILED 2/1/30 J R Bruce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1930 to Jan. 29, 1930 that I last saw him alive on Jan. 28, 1930, and that death occurred, on the date stated above, at 12 20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration

93C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. H. Focht, M. D

1/31, 1931 (Address) Stratford 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: Clifton Cemetery — DATE OF BURIAL: 2/1 1930

20. UNDERTAKER: H T M Graham — ADDRESS: Marshfield

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.