MAR 24 1930

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

Do not use this space.

File No. 3948

Registered No.

1. PLACE OF DEATH
County: Audrain
Township: Prairie
City: Laddonia (No. ..... St. ..... Ward)
Registration District No. 24
Primary Registration District No. 4618

2. FULL NAME: Mary Francis 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: Female.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

5A. ~~IF MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) ~~WIFE~~ OF: Robert Andrews.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 4-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	5	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Rockingham Co.
(STATE OR COUNTRY): N. C.

PARENTS

10. NAME OF FATHER: Clayborn Hunley.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown.
12. MAIDEN NAME OF MOTHER: Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Clate Andrews.
(Address): Laddonia Mo

15. FILED 2-2-, 1930. W. K. McBall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 1- 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1930, to Feb 1, 1930, that I last saw her alive on Feb 1, 1930, and that death occurred, on the date stated above, at 5-0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abstruction of bowels
..... (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY): Carcinoma of cecum
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) W. K. McBall, M. D
2-1-, 1930 (Address) Laddonia 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: Laddonia, Mo.
DATE OF BURIAL: 2-3 - 1930

20. UNDERTAKER: H. U. Recht & Son
ADDRESS: Mexico 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.