

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

Do not use this space.

25545

1. PLACE OF DEATH

County Dalton
Township Eastford
City Forest Springs (No.)

Registration District No. 800
Primary Registration District No. 4480

File No.
Registered No. 11
St. Ward

2. FULL NAME

(a) Residence. No. Locust St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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: Elizabeth Andrew

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Drygood Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retail
(c) Name of employer Self

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

10. NAME OF FATHER Nathan F. Andrew

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

12. MAIDEN NAME OF MOTHER Nancy Stanton

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

14. INFORMANT Mrs. Adolph Stank
(Address) Forest Springs Mo

15. July 28, 1930 J. H. Albers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930

17. I HEREBY CERTIFY That I attended deceased from 20 July 20 1930 to July 26 1930
I first saw him alive on July 25 1930 and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardia
Chronic
97 908 (duration) 5 or more yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Internal Sclerosis (duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED none
IF NOT AT PLACE OF DEATH, none

0 DID AN OPERATION PRECEDE DEATH, no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microsc.
(Signed) J. F. Jarvis, M. D.

7/28, 1930 (Address) Forest Springs Mo

*State the DISEASE CAUSING DEATH, or if death from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harvey Cemetery

DATE OF BURIAL July 27 1930

20. UNDERTAKER R. C. Carter

ADDRESS Forest Springs Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 26 1930

