

SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County MacouRegistration District No. 533Township LibertyPrimary Registration District No. 5713City Macou(No. 70)File No. 27273Registered No. 70St. MacouWard 70

2. FULL NAME

(a) Residence No. Jos M AndrewsSt. MacouWard 70

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)M5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Feb 4 - 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.77610

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workFarmer(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)

England

10. NAME OF FATHER

Jos Andrews

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Maryland

12. MAIDEN NAME OF MOTHER

Elizabeth Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Maryland

15. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 14 1930

17.

I HEREBY CERTIFY, That I attended deceased from April 4, 1930 to Aug 13, 1930
that I last saw him alive on Aug 13, 1930 and that
death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
44 (duration) yrs. 5 mos. ds.CONTRIBUTORY
(SECONDARY)none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. F. Turner, M. D.Aug 16, 1930 (Address) Macou 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

DATE OF BURIAL

Bevier CemeteryAug 16 1930

20. UNDERTAKER

ADDRESS

Albert SkinnerMacou

PARENTS

14.

INFORMANT

(Address)

Mrs Fannie AndrewsR 7 Macou

15.

FILED

5/30/30Mrs Luke Hunkle

REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified.

