

NOV 26 1930

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

Do not use this space.

33473

1. PLACE OF DEATH.

County Livingston
Township
City Chillicothe (No.)

Registration District No. 588
Primary Registration District No. 9026

File No. 256
Registered No. 237
St. Ward)

2. FULL NAME.

D. J. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 26-1867</u>				
7. AGE	YEARS <u>63-</u>	MONTHS <u>1</u>	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Merchant</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>D. J. Andrews</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Nancy Knox</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)			
14. INFORMANT <u>Mrs. D. J. Andrews</u> (Address) <u>Meadville</u>				
15. FILED <u>Oct 28 1930</u> <u>P. Barney</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended accident from Oct 20, 1930, to Oct 26, 1930, that I last saw him alive on Oct 26, 1930 and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Prostate

51C

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Yes
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH Meadville, Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Amgrose, M. D.

Oct 28 1930 (Address) Chillicothe 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 Meadville, Mo DATE OF BURIAL Oct 29 1930

20. UNDERTAKER Hunter & Rollins ADDRESS Brookfield
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.

