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

Do not use this space.

27208

1. PLACE OF DEATH
County Saline — Registration District No. 796
Township — Primary Registration District No. 3038
City Marshall (No. ... St. ... Ward) — File No. ... Registered No. 121

2. FULL NAME Paul Edward Andrews Jr.

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

AUG 29 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1931

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, 2 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo.

FATHER
13. NAME Paul Edward Andrews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery City Mo

MOTHER
15. MAIDEN NAME Flossie Debery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hahatonka Mo

17. INFORMANT (ADDRESS) Paul E. Andrews Sr Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem DATE July 19, 1931

19. UNDERTAKER L. R. Vanbuskirk
(ADDRESS) Marshall Mo

20. FILED 7-20, 1931 Mrs. John K McGuire
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1931, to July 18, 1931
I last saw him alive on July 18, 1931. Death is said to have occurred on the date stated above, at 1:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
159	
Premature birth —	
Other contributory causes of importance	
159	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? C

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) ... , M. D.
(Address) Marshall, 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.

WHITE PAPER—WITH SMOKING INK—THIS IS A PERMANENT RECORD