

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.

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

Do not use this space.

41640

1. PLACE OF DEATH

County Montgomery
Township
City Near Buell Mo (No. , Ward)

Registration District No. 592

Primary Registration District No. 5790

File No.

Registered No.

2. FULL NAME Vernon L. Andrew

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

Feb 7 th 1921

7. AGE

YEARS

MONTHS

DAYS

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

10

10

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Near Buell Mo

MOTHER FATHER

13. NAME

Russell L. Andrew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montgomery Co Mo

15. MAIDEN NAME

Grace Seal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montgomery County Mo

17. INFORMANT (ADDRESS)

Russell L. Andrew
Buell Mo

18. BURIAL, CREMATION, OR OTHER DISPOSITION

PLACE Mc Cord

DATE 2/11/31

19. UNDERTAKER (ADDRESS)

C. W. Hopkins
Montgomery City Mo

20. FILED

Jan 10 1932

O. J. Bunting
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

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

Dec. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 10

1931, to

19

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Accident - Horse fell on him
(Body raised by Coroner)

2/25/31

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 10, 1931

Where did injury occur? Montgomery Co. Missouri

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Occurred on a public road

Manner of injury Horse fell on him

Nature of injury Smothered in the mud

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Buell Menasco

M. D.

(Address) Montgomery City, Mo.

