

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

Do not use this space.

5347

1. PLACE OF DEATH

61 County Macon
7 Township Macon
4 City Macon (No. _____)

Registration District No. J. 33
Primary Registration District No. 3827

File No. _____
Registered No. 12
St. _____ Ward) _____

2. FULL NAME

Andrew Lawson Pomjue

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 "1931"

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	10	2	

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) Columbia Mo.

13. NAME Lawson Rodney Pomjue

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

15. MAIDEN NAME Jean Hutchinson

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

17. INFORMANT (ADDRESS) Mrs. L. M. Thompson
Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE 22-26

19. UNDERTAKER (ADDRESS) Stephens & Gooding
Macon Mo.

20. FILED 2/29 32 Mrs. Luke Funkle
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 26 Sept 31 to 24 Feb, 1932

I last saw him alive on 14 Feb, 1932. Death is said to have occurred on the date stated above, at 9:30 am.

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

Cerebral hemorrhage Date of onset 2/24/32

81A 81

Other contributory causes of importance:
Spastic spinal Paralysis May 1931 approx

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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 _____

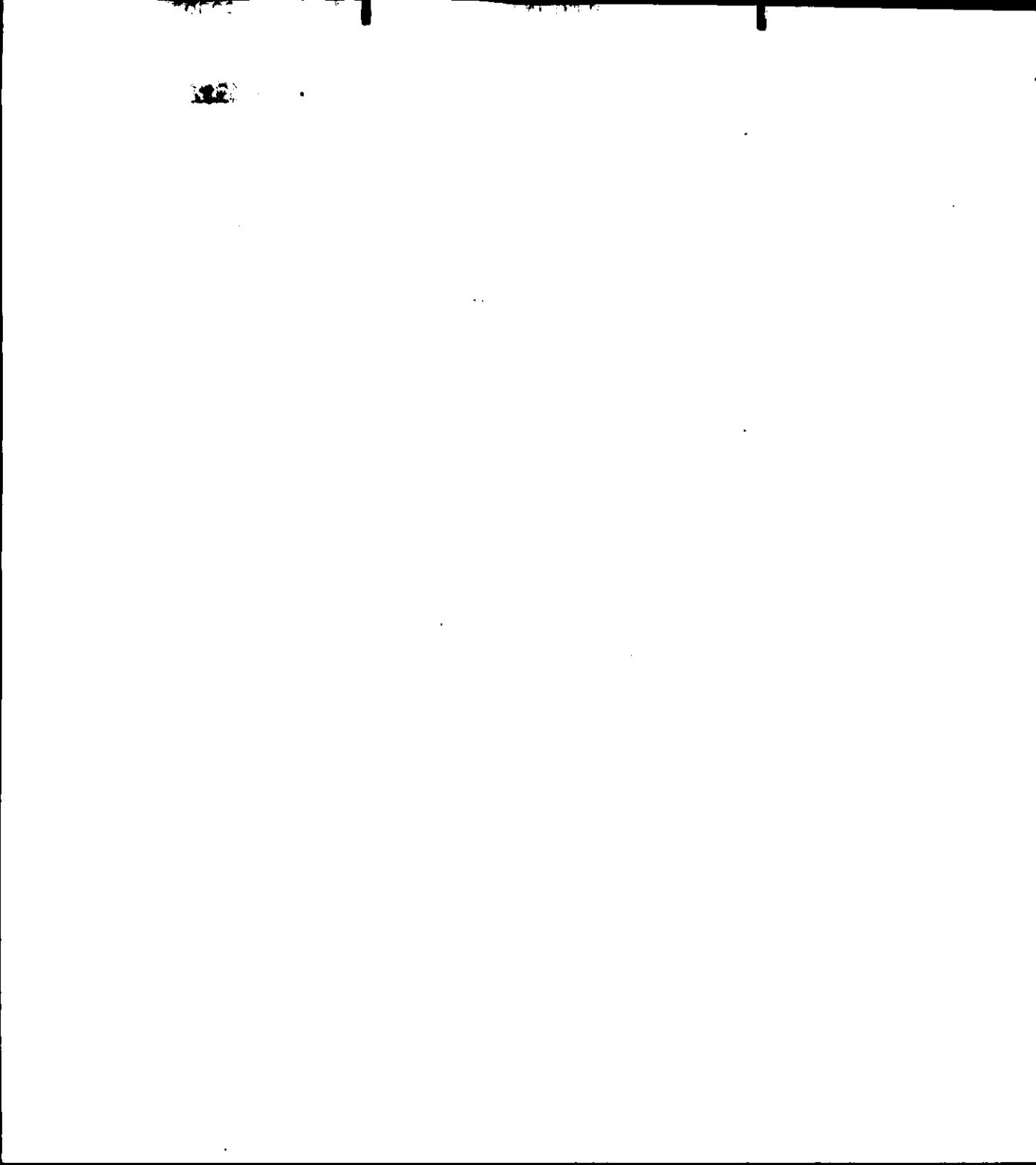
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) E. S. Smith, M. D.
(Address) Lebanville

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.

RECEIVED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 24 1932



to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name:

Andrew Lawson Romjue

Who died at:

Macon, Mo. on *Feb. 24, 1932,*

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH:

Cerebral Haemorrhage

Not as far as know not caused at birth

Contributory:

Spastic Spinal

Paraplegia. Born in Columbia, Mo.

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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