

JUN 25 1932

Bever - Edwards

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

Do not use this space.

16724

1. PLACE OF DEATH

61 County Macou

Registration District No. 527

2 Township

Primary Registration District No. 2709

3 City

(No. 4313)

File No.

Registered No.

St.

Ward

2. FULL NAME

(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

yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

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

married

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

Maggie Andrews

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

Dec 19 - 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

4

3

OCCUPATION

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

Coal miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11

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)

South Wales

FATHER

13. NAME

Dave Andrews

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

South Wales

MOTHER

15. MAIDEN NAME

Sarah Gray

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

South Wales

17. INFORMANT (ADDRESS)

Ed Minshall

18. BURIAL, CREMATION, OR REMOVAL

PLACE East oak wood DATE May 24 1932

19. UNDERTAKER (ADDRESS)

Henry F. Edwards

20. FILED

May 23 1932

Dave F. Edwards Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from

May 15 1932, to May 21 1932

I last saw him alive on May 21 1932. Death is said

to have occurred on the date stated above, at 6 P. M.

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

Cerebral Thrombosis

May 19 1932

\$21.00

Other contributory causes of importance:

Cerebral arteriosclerosis

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? Date of injury

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)

(Address)

D. J. Lomovoy M. D.
Macou Mo

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