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

Do not use this space.

34590

113

1. PLACE OF DEATH North

County .... Registration District No. **903** File No. 15

Township Athehall Primary Registration District No. **6212** Registered No. 15

City .... (No. ....) St. .... Ward)

2. FULL NAME Hiram Andrews

(a) Residence, No. .... 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 M

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 = 1842

7. AGE YEARS 90 MONTHS 3 DAYS 6 | IF LESS than 1 day, ...hrs. or ......min.

OCCUPATION

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

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) 1910

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Hiram Andrews

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

MOTHER

15. MAIDEN NAME Elizabeth McDonald

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

17. INFORMANT (ADDRESS) Hayes Andrews, North Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ardian Cem DATE Oct 4 19 3

19. UNDERTAKER (ADDRESS) Andrews Bros, Grant City Mo

20. FILED 10-4 19 John Andrews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Oct 1 1932

I last saw him alive on Oct 1 19 32 Death is said to have occurred on the date stated above, at 12 M.

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

Cerebral Arteriosclerosis

| Date of onset |

97

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Other contributory causes of importance:

Age
Prostate enlarged

Name of operation None 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 ...., 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) John Andrews , M. D.

(Address) Grant City Mo