

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH

County Dale

Registration District No. _____

Township N. Benton

Primary Registration District No. 241

City Buffalo (No. _____)

2334

File No. 39037

Registered No. 646

St. _____ Ward _____

2. FULL NAME

Hollin J. Andrews

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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 Leona Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 11, 1860

7. AGE YEARS 72 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. _____ min. _____

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagoner Okl.

13. NAME Thorn J. Andrews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 318

15. MAIDEN NAME Emiline Smith

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

17. INFORMANT Arthur Andrews (ADDRESS) Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Cen. DATE 12-7-1932

19. UNDERTAKER S. B. Jones (ADDRESS) Buffalo Mo.

20. FILED 12/30 1932 Henry Morrow Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1932

22. I HEREBY CERTIFY, That I attended deceased from Buffalo 12-5-1932 to _____, 19____

I last saw h. _____ alive on Bill after death, 19____. Death is said to have occurred on the date stated above, at 12:00 noon.

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

Had been suffering from Arterio sclerosis for several years Date of onset _____

Other contributory causes of importance: _____

Had two previous attacks cerebral hemorrhage

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 _____, 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) W. H. Hummer, M. D.

(Address) Buffalo Mo.

