

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

Do not use this space.

117

1. PLACE OF DEATH

County BARRY
Township McDONALD
City _____ (No. _____)

Registration District No. 131
Primary Registration District No. 6-2-4-0

File No. _____
Registered No. 43
St. _____ Ward _____

2. FULL NAME

ARRONAH BANDY

(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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Bandy.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1849</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>3</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
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. <u>House Wife</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1933, to Jan 7, 1933.
Last saw him alive on Jan 2nd, 1933. Death is said to have occurred on the date stated above, at 1:45 P.M.
The principal cause of death and related causes of importance were as follows:

Fractured Hip
1868
1894
1868
Other contributory causes of importance:
Old Age Senility

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN.</u>
13. NAME <u>HARVE</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN.</u>
15. MAIDEN NAME <u>HINDREX</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENN.</u>
17. INFORMANT (ADDRESS) <u>LEANDER BANDY</u> <u>Arora, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BETHAL</u> DATE <u>JAN. 8, 1933</u>
19. UNDERTAKER (ADDRESS) <u>J. H. Blankenship</u> <u>Purdy, Mo.</u>
20. FILED _____, 19 _____

Registrar.

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) B. B. Steely, M. D.
(Address) Purdy, Mo.

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.

JAN 21 1933

Every item of information should be carefully supplied. It should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important. Do not state terms so that it may be misunderstood.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Davey Registration District No. 31
Township McDonald Primary Registration District No. 5045-a File No. _____
City _____ (No. _____) St. _____ Ward _____ Registered No. 43

2. FULL NAME

Arcona Bandy
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-9 1933 Mattie Blankenship Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Fractured hip
Fall on porch steps
Date of onset _____

Other contributory causes of importance: Old age. 86A

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) _____, M. D.

(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
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.

1933 S-117