

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.

6442

1. PLACE OF DEATH

County Macon
Township Hudson
City Macon (No.)

Registration District No. 233
Primary Registration District No. 3027

File No.
Registered No. 10
St. Ward)

2. FULL NAME Fannie 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-22-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
77 2 25

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

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) Maryland
(STATE OR COUNTRY)

13. NAME William Ayers

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

15. MAIDEN NAME Catharine Geary

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

17. INFORMANT Miss Katie Andrews
(ADDRESS) Macon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bevier Cem. DATE Feb-20-1933

19. UNDERTAKER Albert Skinner
(ADDRESS) Macon, Mo

20. FILED 2/28/33 Mrs. Luke Funkler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-17-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932 to Feb. 13, 1933

I last saw her alive on Feb. 13, 1933 Death is said

to have occurred on the date stated above, at 7:10 pm.

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

Cerebral Arterio-sclerosis Date of onset: 1932?

97 94

Other contributory causes of importance:

General Arterio-sclerosis 1920?

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? no

If so, specify

(Signed) J. F. Turner, M. D.
(Address) Macon, Mo.

