

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.

MAR 31 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8231

1. PLACE OF DEATH

105 County Bullion
 Township Union
 City Union (No. 1)

Registration District No. 849Primary Registration District No. 6115File No. 3Registered No. 3St. 1 Ward2. FULL NAME Mary Andrews(a) Residence, No. 1 St. 1 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 27-1859</u>		
7. AGE <u>73</u> YEARS	MONTHS <u>3</u>	DAYS <u>6</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	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) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)13. NAME Eden Andrews14. BIRTHPLACE (CITY OR TOWN) Ind.
(STATE OR COUNTRY)15. MAIDEN NAME Martha Ann Miller16. BIRTHPLACE (CITY OR TOWN) Pa.
(STATE OR COUNTRY)17. INFORMANT Milton Andrews
(ADDRESS) Green City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springer DATE 2-5-193319. UNDERTAKER J. Henry E. Kent
(ADDRESS) Green City Mo.20. FILED Feb-12, 1933 W. H. Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-193322. I HEREBY CERTIFY, That I attended deceased from 9-15-1932 to 2-3-1933I last saw her alive on 9-15-1932 Death is saidto have occurred on the date stated above, at 8 a. m.

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

Myocardial Insufficiency of the heart92AOther contributory causes of importance: 92AName 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) Ross H. Shepley, M. D.(Address) Green City Mo.

