

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.

APR 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Macon
City J. S. Andrews (No. _____)

Registration District No. 533
Primary Registration District No. 3027

File No. 10276
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(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>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Andrews</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 22-1875</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>2</u>
	YEARS <u>29</u>	MONTHS <u>2</u>
	YEARS <u>29</u>	MONTHS <u>2</u>
	YEARS <u>29</u>	MONTHS <u>2</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Andrews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Jane Peter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Macon Co. Mo.
(STATE OR COUNTRY)

14.

INFORMANT Mrs Minnie Andrews
(Address) Macon, Mo.

15.

FILED 3/31/33 Mrs Luke Gunkle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 21 - 1933

17. I HEREBY CERTIFY, That I attended deceased from 26
March, 1933 to 9, 1933
that I last saw him alive on 7.45, 1933, and that death occurred, on the date stated above, at 7.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis
9513
Rheumatism
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? clinical diagnosis
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. R. M. D.
, 19 11/5/32 (Address)

*State the DISEASE CAUSING DEATH, or in death of violent CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Salem Cem. 3-22-1933

20. UNDERTAKER

ADDRESS

Stephens & Goodding Macon, Mo.

DEC 2 1949