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

Do not use this space.

41070

JAN 26 1934

1. PLACE OF DEATH

County Putnam — Registration District No. 721
Township Lincoln — Primary Registration District No. 5952
City .... (No. .... St. .... Ward)

File No. ....
Registered No. ....

2. FULL NAME Samuel 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	Male
4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	Married
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of	Ellen E Andrew
6. DATE OF BIRTH (month, day and year)	Apr 4 -1859
7. AGE	74 Years, 8 Months, 10 Days; If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)	
(c) Name of employer	Owner
9. BIRTHPLACE (city or town)	Pecria
(State or country)	Ill
PARENTS — 10. NAME OF FATHER	George Andrew
11. BIRTHPLACE OF FATHER (city or town)	Kincastle
(State or country)	Ireland
12. MAIDEN NAME OF MOTHER	Matilda Hall
13. BIRTHPLACE OF MOTHER (city or town)	Pecria
(State or country)	Ill
14. INFORMANT	Ellen E Andrew
(Address)	Mendota. Mo
15. Filed	Dec 18 1933 Geo W Dillinger, Registrar

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (month, day and year)	12-14-33
17. I HEREBY CERTIFY, That I attended deceased from ...., 19.., to ...., 19..; that I last saw h... alive on	Nov. 15, 1933
and that death occurred, on the date stated above, at	7:30 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:	Carcinoma of left Maxillary Sinus 530 (duration) ... yrs. 2 mos. ... ds.
CONTRIBUTORY (SECONDARY)	brain [illegible] secondarily (duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?	at place of death
Did an operation precede death?	no. Date of ....
Was there an autopsy?	no
What test confirmed diagnosis?	clinical
(Signed)	E. E. Banful, M. D.
, 19 (Address)	Centerville Ia

*State the Disease Causing Death, or in deaths from 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
Mendota Cemetery	12-17-33 19
20. UNDERTAKER	ADDRESS
Lester E Best. Cincinnati. Iowa.	

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.

...ADING INK—THIS IS A PERMANENT RECORD