

80223

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

Do not use this space.

8621

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 145-A

Township

Primary Registration District No. 7001

Registered No.

City Springfield, Mo.

St. Commercial Ward

2. FULL NAME

Andrew M. Routh,

(a) Residence, No. 2150 N. Missouri St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 week ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Rachel E. Routh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1882

7. AGE YEARS 97 MONTHS 10 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Walnut Grove Mo.

MOTHER 13. NAME Matt Routh

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

15. MAIDEN NAME Trecie Byland

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

17. INFORMANT J. B. Routh (ADDRESS) 2150 N. Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hepler Kansas DATE 3/28 19. 1934

19. UNDERTAKER (ADDRESS) W. P. Thies Springfield, Mo.

20. FILED 3/28 19 34 John W. Langston Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw him alive on 3-26, 1934 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:  
94A

Angina Pectoris  
94A  
Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Necropsy Was there an autopsy? no

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 Overdose

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Alcohol  
(Signed) Olga A. George-Cramer M.D.  
(Address) Springfield, Mo.

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.

