

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.

Dr Tinsley

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21250

1. PLACE OF DEATH

County Montgomery

Township

City Montgomery

(No.)

Registration District No. 592Primary Registration District No. 4350

File No.

Registered No. 18

St.

Ward)

2. FULL NAME Maggie Andrew

(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 17 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

Widowed
(write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJ.J. Andrew

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

July 10 th 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.72118

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Home9. 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)Montgomery City, Mo

FATHER

13. NAME

Mike Ryan14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Un Known

MOTHER

15. MAIDEN NAME

Un Known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Un Known17. INFORMANT
(ADDRESS)Walter Birchfield
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Montgomery

DATE

6/20/34

, 19

19. UNDERTAKER
(ADDRESS)C. W. Hopkins
Montgomery City Mo

20. FILED

June 19, 1934Bruce Menden
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/18/34

, 19

22. I HEREBY CERTIFY, That I attended deceased from

about 1 year

, 19

6/18

, 19

I last saw her alive on

June 18

, 19

34 Death is saidto have occurred on the date stated above, at 5p m.

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

Non P. B. Pharyngeal
disorder
Chronic Bronchitis
106 B
114 B

Date of onset

Other contributory causes of importance

Name of operation

none

Date of

What test confirmed diagnosis?

ClinicalWas there an autopsy? yes

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? yes

If so, specify

(Signed)

Dr. Tinsley

, M. D.

(Address)

Montgomery City Mo

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