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

Do not use this space.

24937

File No. ____ Registered No. ____

1. PLACE OF DEATH
County Jackson — Registration District No. 377
Township Kaw — Primary Registration District No. ____
City K.C. Mo (No. 1738 Euclaid Ave ____ St. ____ Ward)

2. FULL NAME Danial Andrews
(a) Residence, No. 1738 Euclaid 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.

AUG 21 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR ~~WIFE~~ OF) Annie Andrews

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

7. AGE: YEARS 58 | MONTHS | DAYS | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Texas

FATHER
13. NAME Peter Andrews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Martha McKenzie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Annie Andrews
(ADDRESS) 2020 E 19th St K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn Cemetery DATE 7- -, 1934

19. UNDERTAKER Flynn & Freeman
(ADDRESS) 1817 E 15th street

20. FILED 7-31, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-, 1934

22. I HEREBY CERTIFY, that I attended deceased from ____, 19____, to ____, 19____. I last saw him alive on ____, 19____. Death is said to have occurred on the date stated above at ____ m.
The principal cause of death and related causes of importance were as follows:

Syphilitic Aortitis (15)
Chronic glomerulonephritis
Arteriosclerosis
Chronic myocarditis

Date of onset

Other contributory causes of importance:

Name 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) ____, M. D.
(Address) ____