

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.

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

Do not use this space.

5158

1. PLACE OF DEATH

County Howard.

Registration District No. 378

Township

Primary Registration District No. 4222

City Fayette.

(No., Ward)

File No.

Registered No. 5

St. Ward

2. FULL NAME

Mary Arthusa 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

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 OF

Kimbrew

M

Andrews.

4/29 1847

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

7. AGE

87 YEARS

9 MONTHS

7 DAYS

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

#

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)

Missouri.

FATHER

13. NAME

Moses Andrews.

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia.

15. MAIDEN NAME

Mary Fields.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky.

17. INFORMANT

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetary DATE 2/8th 1935

19. UNDERTAKER

(ADDRESS)

Guy T. Halley.

Fayette. Mo.

20. FILED 2-10

1935

V. J. Bonham

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2/6th 1935

, 19

22. I HEREBY CERTIFY That I attended deceased from

Jan 29 1935 to Feb. 6 1935

I last saw him alive on Feb. 6 1935. 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:

Date of onset

Fractured left hip (Petracepsus) 1-29-35
Fractured L. wrist 1-29-35

Other contributory causes of importance:

Terminal Hypostatic pneumonia 2-3-35

Name of operation Am. set Date of 2-29-35

What test confirmed diagnosis? X ray 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

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Mr. J. Shaw, M. D.

(Address) Fayette. Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Howard
Township Jayette
City Jayette (No. St. Ward)

Registration District No. 378
Primary Registration District No. 4222

File No.
Registered No.

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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 9 7

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 2.10 1935 V. O. Bonham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1935

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:

Frost left hip

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1-29 1935

Where did injury occur? In yard - town (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. fall in yard

Manner of injury fractured hip Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. J. Barlow, M. D. (Address) Jayette, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 26 1935

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