

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Hawkins

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

Do not use this space.

NOV 27 1935

1. PLACE OF DEATH

County *St. Francois*
Township *Perry*
City *Bonne Terre Mo* (No.) (Ward)

Registration District No. *745*
Primary Registration District No. *6.0.2.0-A*

File No. *33786*
Registered No. *61*

2. FULL NAME

William Henry Andrews

(a) Residence, No. *Bonne Terre Mo* 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 *Mary G Andrews*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 27, 1857*

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
78 0 8

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) *St. Francois Mo*

13. NAME *Wm R Andrews*

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

15. MAIDEN NAME *Cliza N. McHenry*

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

17. INFORMANT (ADDRESS) *Mollie Andrews Bonne Terre, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *B. Cemetery B.T.* DATE *10/6/35*

19. UNDERTAKER (ADDRESS) *Benham Mnd. Co. Bonne Terre, Mo*

20. FILED *O.T. 7* 19*35* *N.W. Hawkins* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 5, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *August 23, 1935* to *Oct 5, 1935*

I last saw him alive on *Oct 4, 1935* Death is said to have occurred on the date stated above, at *12:30 a.m.*

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

Myocarditis

96

Other contributory causes of importance: *Pneumonia*

Fracture of three ribs rt. caused by accidental fall in

Name of operation *lung store* Date of *Oct 2*

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

Where did injury occur? *Bonne Terre, Missouri* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *in the Andrews Dept. Store*

Manner of injury *Fallen over a plank*

Nature of injury *Fracture of three ribs rt. side*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *N.W. Hawkins* M. D.
(Signed) *Bonne Terre, Mo* (Address)

Date of onset
Oct 2

