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.

MAR 24 1936

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

Do not use this space.

6949

File No. 9

Registered No.

1. PLACE OF DEATH
County New Madrid Registration District No. 345
Township Big Prairie Primary Registration District No. 5700
City (No. , St. Ward)

2. FULL NAME Geo. L. Andres

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	8	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) May 1935
11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Penn.

FATHER
13. NAME Ludwig Andres
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margaret
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Geo. C. Andres Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 2/16, 1936

19. UNDERTAKER (ADDRESS) A. A. Dempster Sikeston, Mo.

20. FILED 3-7, 1936. Mrs. Robert Binford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1935, to Feb. 15, 1936
I last saw h~~im~~ alive on Feb. 15, 1936. Death is said to have occurred on the date stated above, at 3:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Cardiac Opening of stomach - involving the Oesophagus	9/1-35

Other contributory causes of importance:
Malnutrition

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? 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) Thomas A. McClure, M. D.
(Address) Sikeston, Mo