

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.

MAY 21 1936

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

Do not use this space.

19266

1. PLACE OF DEATH

County HowardRegistration District No. 378Township BurntonPrimary Registration District No. 5-5-28

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (Write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFStella Andrews

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

Aug. 24-1894

7. AGE

YEARS

41

MONTHS

8

DAYS

10

IF LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

FATHER

13. NAME

John B. Andrews14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)La. Brown

MOTHER

15. MAIDEN NAME

Ida Griffin16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.17. INFORMANT
(ADDRESS)Miss Stella Andrews
494 E. Mo. R. 4. 2.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Westbury Mo.

DATE

May 6-193619. UNDERTAKER
(ADDRESS)Wm. J. Shaw
W. J. Shaw

20. FILED

May 8, 1936 W. J. Shaw

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 4-1936

22. I HEREBY CERTIFY, That I attended deceased from

June 1935, to May 4, 1936I last saw him alive on May 3, 1936 Death is saidto have occurred on the date stated above, at 5:50 a.m.

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

Date of onset

Chronic pulmonary Tbc. 192823

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? lung: finding 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) Wm. J. Shaw

M. D.

(Address) W. J. ShawW. J. Shaw

