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.

JUN 23 1936

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

Do not use this space.

19317

File No.

Registered No. 204

1. PLACE OF DEATH

County Jackson — Registration District No. 398

Township — Primary Registration District No. 3019

City Independence (No. Independence Sanitarium St. Ward)

2. FULL NAME Samuel Miller Andes

(a) Residence, No. St., Ward. Warrensburg Mo. (If nonresident, give city or town and State)

(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.

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: Florence W. Andes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 17, 1873

7. AGE — YEARS: 62 — MONTHS: 11 — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): 5/23/36

11. Total time (years) spent in this occupation: 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stanton Va.

FATHER

13. NAME: Samuel C Andes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stanton Va.

MOTHER

15. MAIDEN NAME: Elizabeth Wine

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

17. INFORMANT (ADDRESS): Ralph Andes, Lamoni, Iowa

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Warrensburg Mo. DATE: June 2, 1936

19. UNDERTAKER (ADDRESS): Stahl Funeral Home. Independence, Mo.

20. FILED 6-3-, 1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to May 30, 1936

I last saw him alive on May 30, 1936. Death is said to have occurred on the date stated above, at ....a.m.

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

Meningitis (fall.) — Date of onset 5/27/36

Other contributory causes of importance: Fracture Skull — 5/27/36

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~~? Yes — Date of injury 5/25, 19

Where did injury occur? Warrensburg, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Slipped on step

Nature of injury fell backward on sidewalk

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas F Gratty, M. D.

(Address) Independence, Mo

SEP 25 19