

JUN 23 1936

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

Do not use this space.
No. R. 2 33295
Ruttan
File No. 2
Registered No. 23
St. _____ Ward _____

1. PLACE OF DEATH

County Jasper Registration District No. 412
Township Missouri Duval Primary Registration District No. 5570
City Necks City (No. _____) St. _____ Ward _____

2. FULL NAME OSCAR E. ANDREWS

(a) Residence, No. 1/2 m. n. n. Necks City on Farm 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 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 OF FERN ANDREWS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 0 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co, Mo.

FATHER 13. NAME J. B. ANDREWS

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

MOTHER 15. MAIDEN NAME MARY M. STRUMBACK

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

17. INFORMANT Mrs. FERN ANDERSON (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE PURCELL CEM. DATE _____ 19

19. UNDERTAKER WEBB CITY UNDERTAKING CO (ADDRESS)

20. FILED 6/13 1936 Chandler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 11 1936

22. I HEREBY CERTIFY, That I attended deceased from JUNE 9 1936 to JUNE 11 1936

I last saw him alive on JUNE 11 1936 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:
Acute Endocarditis

Date of onset 6-1-36

Other contributory causes of importance:
AW

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) R. S. Ruttan, M. D.
(Address) Elba Mo.

WHITE 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.

