DEC 4 1936

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

Do not use this space.

40194

1. PLACE OF DEATH
County WAYNE Registration District No. 891
Township TBENTON Primary Registration District No. 43-440 File No.
City (No. Clay St. Ward) Registered No. 20

2. FULL NAME GLENN HARRELL ANDREWS

(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. 9 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	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 16 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	19	5	1	

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) MO

FATHER

13. NAME W. W. ANDREWS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER

15. MAIDEN NAME ROBERTA BUTRICK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLA.

17. INFORMANT Mrs Roberta Butrick
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE MASONIC-PIEDMONT DATE OCT. 21 1936

19. UNDERTAKER Yates Funeral Home
(ADDRESS) Piedmont

20. FILED 10-18-36 J. C. Coltrane MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Oct 17, 1936
I last saw h alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Duration 2 Days	

Other contributory causes of importance

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? 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) J. C. Coltrane, M. D.
(Address) Piedmont Mo.

R. S.—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.