

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.

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

Do not use this space.

APR 17 1936

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia

(No. Boone County Hospital)

File No. 47866

Registered No. 91

St. _____ Ward _____

2. FULL NAME

Robert Lee Andrews

(a) Residence, No. 215 Baine S. R. 1 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

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Stillborn

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

Stillborn

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

MARCH 19-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Stillborn

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)

Boon Co Mo

FATHER

13. NAME

William R Andrews

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

Howard Co

MOTHER

15. MAIDEN NAME

Vena B Farris

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

Kennett Co

17. INFORMANT (ADDRESS)

William R Andrews

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nashville Tenn DATE Mar 19 1936

19. UNDERTAKER (ADDRESS)

R. Owens

20. FILED

3/19/1936 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-19- 1936, to _____, 19____

I last saw him _____ alive on Stillborn 19____. Death is said

to have occurred on the date stated above, at 2:50 a.m.

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

Stillborn, Pre-mature

Date of onset

3-19-36

Other contributory causes of importance:

No known causes

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. D. Dwyer, M. D.

(Address) Columbia Mo

