

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

County Stone
Township Lincoln
City (No.)

Registration District No. 842
Primary Registration District No. 6259

File No. 4640
Registered No. 1
St. Ward

2. FULL NAME

Nancy E. Andrews
(a) Residence, No. St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Longo Andrews</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8 - 1866</u>		
7. AGE <u>70</u>	YEARS <u>5</u>	MONTHS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		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) <u>Mo.</u>
13. NAME <u>James H. Cox</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>
15. MAIDEN NAME <u>Amanda Jenkins</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>
17. INFORMANT (ADDRESS) <u>Floyd Andrews</u> <u>Crane Mo. R-2</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Crane Mo.</u> PLACE <u>Masonic Cem.</u> DATE <u>Jan 28 - 1937</u>
19. UNDERTAKER (ADDRESS) <u>W. Maples</u> <u>Clever Mo.</u>
20. FILED <u>1-28-37</u> <u>Mrs Ethel Dwyer</u> <u>Registered</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 - 1937, to Jan 26 - 1937
I last saw her alive on Jan 27 - 1937. Death is said to have occurred on the date stated above, at 5-45 m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
Date of onset 1-15-37

Other contributory causes of importance:
Influenza

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none
Where did injury occur? none (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 none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) N. L. Terry M. D.
(Address) Crane Mo.

