

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.

MAR 25 1937

1. PLACE OF DEATH

County Saline
Township Sweet Springs
City Sweet Springs (No.)

Registration District No. 801

Primary Registration District No. 4480

8998

File No.

Registered No. 11

St. Ward)

2. FULL NAME

(a) Residence, No. 200 Ridge St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1845

7. AGE YEARS 91 MONTHS 8 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Philadelphia (STATE OR COUNTRY) Penn

FATHER 13. NAME John Thompson

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

MOTHER 15. MAIDEN NAME Catherine Lingaf

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

17. INFORMANT Elizabeth M Yunker (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL Funeral Home PLACE Sweet Springs Mo DATE Feb 23 1937

19. UNDERTAKER Jessie Harney (ADDRESS) Sweet Springs Mo

20. FILED 2-22 1937 Rose C Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 20, 1937. I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 1:20 a.m. The principal cause of death and related causes of importance were as follows:

Date of onset Sept 1914
Other contributory causes of importance: Heart condition chronic

Name of operation AS Date of AS
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? no If so, specify (Signed) O. H. K. H. H., M. D. (Address) Sweet Springs

[illegible]