

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

Do not use this space.

21068

JUN 28 1937

1. PLACE OF DEATH

County Randolph
Township Clinton
City Higbee

Registration District No. 732
Primary Registration District No. 4437

File No. 107
Registered No. 732

2. FULL NAME

Major L. 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. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Andrews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1867
7. AGE YEARS 69 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Elijah Andrews

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

15. MAIDEN NAME Sallie Ann Harris

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

17. INFORMANT (ADDRESS) Belle Andrews Higbee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE May 11 1937

19. UNDERTAKER (ADDRESS) J. C. R. Island Higbee

20. FILED May 11 1937 J. W. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

22. I HEREBY CERTIFY That I attended deceased from November 9 1936 to May 9 1937
I last saw him alive on May 9 1937 Death is said to have occurred on the date stated above, at 10-40 pm

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

Other contributory causes of importance:
Dropsy

Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray 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) C. F. Burschelter M. D.
(Address) Higbee Mo.

Date of onset May 1936
46
May 1 1937

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.

