

JUL 29 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lewis
 Township Highland
 City Ewing

Registration District No. 478
 Primary Registration District No. 4287

File No. 24158
 Registered No. 8

2. FULL NAME John Henry 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 41 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. 45 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 4 22

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

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) Pennsylvania

13. NAME John Andrews

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

15. MAIDEN NAME Martha Ann McCloud

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

17. INFORMANT J. A. Andrews (ADDRESS) Ewing, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Durham DATE May 19, 1937

19. UNDERTAKER Thos Ball & Son (ADDRESS) Ewing, Mo

20. FILED June 23, 1937 And R. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1937

I HEREBY CERTIFY That I attended deceased from May 18, 1937, to May 17, 1937

I last saw him alive on May 15, 1937 Death is said

to have occurred on the date stated above, at 11 A. m.

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

Cerebral

Date of onset
5/17/37

Other contributory causes of importance:

arterio-sclerosis

1920

Name of operation Date of

What test confirmed diagnosis? 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) M. D.

(Address) Ewing Mo

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