

SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Daviess  
Township  
City Gallatin (No. .... St. .... Ward)

Registration District No. 250  
Primary Registration District No. 4150

File No. 30546  
Registered No. 28

2. FULL NAME Andrew J. Place

(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 Life 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 Sarah Ann Place

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 10, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank  
10. Date deceased last worked at this occupation (month and year) Aug. 1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

13. NAME Wm. Harvey Place

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

15. MAIDEN NAME Margaret C. McBrayer

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

17. INFORMANT Ollus A. Place (ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Aug. 12, 1937

19. UNDERTAKER Hope Furn. & Undt. Co., (ADDRESS) Gallatin, Mo.

20. FILED Aug. 10, 1937 H. A. Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937, to Aug. 9, 1937

I last saw him alive on Aug. 9, 1937. Death is said to have occurred on the date stated above, at 8 A.m.

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

Mitral regurgitation Date of onset  
92a

Other contributory causes of importance:

Name of operation ..... Date of .....

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) L. R. Poolin M. D.

(Address) Gallatin, Mo.

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.

