NOV 15 1937

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

Do not use this space.

37202

File No. 1178

Registered No.

1. PLACE OF DEATH

County: Buchanan, Registration District No. 85

Township: Primary Registration District No. 1001

City: St. Joseph, (No. 2607 South 10th St. St. Ward)

2. FULL NAME: Estelle Nora Andrews,

(a) Residence, No. 2607 South 10th St., St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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): Divorced,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alvin Bedford,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10, 1853

7. AGE: Years 84 Months 3 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: E. F. Krause & Co.

10. Date deceased last worked at this occupation (month and year): Unknown 1930.

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfax, Missouri,

FATHER

13. NAME: John C. Andrews,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Savannah, Missouri,

MOTHER

15. MAIDEN NAME: Maude McLeod,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fairfax, Missouri,

17. INFORMANT (ADDRESS): Mrs. John C. Andrews 2607 S. 10th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt. Calvary DATE: Oct. 26, 1937

19. UNDERTAKER (ADDRESS): Hepton-Belsole-Bauman Funeral Home 3115 Frederick Ave.

20. FILED 10-25 1937 N. J. Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7th, 1937, to Oct 25, 1937

I last saw her alive on Oct 25, 1937 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Endocarditis (Chronic) — Date of onset

Other contributory causes of importance:

Name of operation: Date of:

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? 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. H. Weed M.D.

(Address) 1408 Corby Bldg.

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.