DEC 20 1937

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

Do not use this space.

File No. 40471
Registered No. 2785

1. PLACE OF DEATH

County Jackson — Registration District No. 399 1
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2713 Jarboe St. Ward)

2. FULL NAME William L. Andreas

(a) Residence, No. 2713 Jarboe 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Lula Andreas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	84	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Richmond, Virginia

FATHER

13. NAME Louis Rodman

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

MOTHER

15. MAIDEN NAME Esther Andreas

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

17. INFORMANT Mrs. Lula Andreas
(ADDRESS) 2713 Jarboe

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 11-29-37, 19

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) Kansas City, Mo.

20. FILED Nov. 29, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19, to ..., 19

I last saw h... alive on ..., 19 Death is said to have occurred on the date stated above, at 9 A.M.

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

	Date of onset
Coronary sclerosis	
Chronic fibrous myocarditis	
93 c	

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 related to occupation of deceased?
If so, specify
(Signed) ..., M. D.
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-2