

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

Do not use this space.

4273

**1. PLACE OF DEATH**

County Saline  
Township Cent  
City Cent (No. 2)

Registration District No. 801  
Primary Registration District No. 4480

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 46 yrs. 4 mos. 11 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 Stella Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1891

7. AGE YEARS 46 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. min.

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

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) 1-7-36 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cent Springs Mo (STATE OR COUNTRY)

FATHER 13. NAME T. Prov. C. Andrews

14. BIRTHPLACE (CITY OR TOWN) N. C. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Harrah C. Bulley

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

17. INFORMANT Wm. W. C. Andrews (ADDRESS) Cent Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jan. 30-38 DATE Lawrence

19. UNDERTAKER R. C. Carter (ADDRESS) Cent Springs Mo

20. FILED 1/30, 1938

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ 1934, to 1-27, 1938

I last saw him alive on 1-27, 1938 Death is said

to have occurred on the date stated above, at 8 P. m.

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

Coronary Artery  
Chronic Nephritis  
Heart

Other contributory causes of importance: 54

Myocarditis  
Chronic Nephritis  
Heart

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? No 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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) At Gove \_\_\_\_\_ M. D.

(Address) Cent Springs Mo

Registrar X708

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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

JUN 9 1943

Original. Exscr.

File No.

Serial No.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

4273

Do not use this space.

1. PLACE OF DEATH

(a) County Saline

Registration District No. 801

(b) Township

Primary Registration District No. 4480

Registered No. ....

(c) City Sweet Springs

(d) Street No. .... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Waldo Emerson Andrews

(a) Residence, No. .... St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

I last saw h. .... alive on ...., 19.... Death is said

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

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

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

9. Industry or business in which work  
was done, as saw mill, bank, etc.

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED

Jan 28, 1938 Rose C Harrison  
Local Registrar

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? ....

If so, specify ....

(Signed) A. E. Goff, M. D.

(Address) Sweet Springs

S-4273

1938