

REC'D MAR 23 1938

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

7950

Do not use this space.

1. PLACE OF DEATH

(a) County Ray 2
(b) Township Fishing River 1
(c) City (d) Street No. 148 74-30
(If death occurred in Hospital or Institution, write its name instead of street and number) St. 237
(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. Registered No. 27

2. PRINT FULL NAME

FREDRICK DANIEL ANDREW 536
(a) Residence, No. Ray Co. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unwedded
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winifred Strater
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 8
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo
FATHER 13. NAME Alfred Andrew 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina 1
MOTHER 15. MAIDEN NAME Winifred Strater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina
17. INFORMANT (ADDRESS) Offinathwood
at Ray Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Prigah DATE Mar 2, 1938
19. FUNERAL DIRECTOR (ADDRESS) Claude Prehard
Excelsior Springs Mo.
20. FILED Mar 2, 1938 O. S. Pate
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1938
22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1938 to Feb 28, 1938
I last saw him alive on Feb 28, 1938 Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset Feb 1-38
A. F. B.
Other contributory causes of importance: Arterial Sclerosis
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?
If so, specify (Signed) Dr. E. J. Perante
Richard Mo. (Address) 1617

(Licensed Embalmer's Statement on Reverse Side)

THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, Claude Priebe Licensed Embalmer No. 2757

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Claude Priebe

..... L. E. No. 2757 or by _____ Registered Apprentice No. U

working under my personal supervision.

Signed Claude Priebe

Licensed Embalmer No. 2757

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7950
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
 (b) Township Franklin River Primary Registration District No. 6237
 (c) City _____ (d) Street No. _____ Registered No. 27
 (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

Frederick Daniel Andrew
 (a) Residence, No. Ray Co mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>9</u>	<u>8</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co mo

FATHER
 13. NAME Alfred Andrew

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

MOTHER
 15. MAIDEN NAME Winfred Strater

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

17. INFORMANT (ADDRESS) C. H. Stallewood
Exp Dept mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Prague DATE May 2 1938

19. FUNERAL DIRECTOR (ADDRESS) Claude Richard
Edelwood Spring

20. FILED 5/24 1938 C. H. Stallewood
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 28 1938.
 I last saw him alive on Feb 28 1938. Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arterial Sclerosis
 Date of onset 9/13
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy 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) E. S. Revay M. D. md
 (Address) Richmond mo

RECEIVE A FEE FOR

TEMPORARILY

S-7950