

REC'D SEP 26 1938

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

29409
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township Chillicothe Primary Registration District No. 3026 Registered No. _____
(c) City _____ (d) Street No. 83 Cherry _____ 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

Mrs. Cora Margarite Andrews 596
(a) Residence, No. 83 Cherry 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Livingston County 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Patrick 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9
(STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Wilbur Andrews
(ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE 8-22 38

19. FUNERAL DIRECTOR F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Aug 23 1938 Harold M. Russell
M. B. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug-7-38 to Aug-19-38
I last saw him alive on Aug-19-38 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:

Cerebral Hemorrhage Date of onset 8-7-38
62 M

Other contributory causes of importance Hypertension

Name of operation Physical 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? _____ 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 _____ M. D.
(Signed) Harold M. Russell
(Address) Chillicothe, 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.

STATEMENT BY LICENSED EMBALMER

I, Elton F. Norman, Licensed Embalmer No. 4036

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl R. and Frank B.

Norman L. E. 2374 & 1404

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

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