

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.

AUG 15 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

25183

## 1. PLACE OF DEATH

County Johnson  
 Township Chilhowee  
 City Chilhowee (No. \_\_\_\_\_)

Registration District No. 426Primary Registration District No. 4250

File No. \_\_\_\_\_

Registered No. 14

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Length of residence in city or town where death occurred 33 yrs. mos. ds.

How long in U. S., If of foreign birth?

yrs. mos. ds.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

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

Widow

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

J. L. Taylor

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

Dec 3-1854

## 7. AGE

YEARS

MONTHS

DAYS

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

79716

## OCCUPATION

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

at Home

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)

Johnson County Missouri

## 13. NAME

Orville R. Andrus

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

Penn

## 15. MAIDEN NAME

Nettys Jane Cox

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

Penn

## 17. INFORMANT (ADDRESS)

Dr Edward Andrus Holden Mo

## 18. BURIAL, CREMATION, OR REMOVAL

Interment Mo

## 19. UNDERTAKER (ADDRESS)

J. M. Goodman Holden Mo

## 20. FILED

7-24 1934 J. L. Beauty

Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 20 1934

## 22. I HEREBY CERTIFY That I attended deceased from

July 19 1934 to July 20 1934I last saw him alive on July 20 1934 Death is saidto have occurred on the day stated above, at 6:15 P.M.

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

Heart exhaustion

Date of onset

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis? Cholera 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)

(Address)

J. L. Beauty  
Chilhowee Mo

M. D.

