

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

Do not use this space.

28646

1. PLACE OF DEATH

County Randolph  
Township Fair Grove  
City Huntsville

Registration District No. 733  
Primary Registration District No. 5467

File No. \_\_\_\_\_  
Registered No. 35  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Edward Andrews

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 4 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Howard Co Mo

PARENTS

10. NAME OF FATHER Martin Andrews

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Howard Co Mo

12. MAIDEN NAME OF MOTHER Harriet Andrews

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

14. INFORMANT Willie B. Andrews (Address) Huntsville Mo

15. Sept 11, 1929 FILED 9 9 1929 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 15, 1929

I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Aug. 15, 1929 that I last saw him alive on Aug. 13, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
92 D  
97 (duration) 6 yrs. 6 mos. da.  
CONTRIBUTORY arterio-sclerosis (SECONDARY) (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? by Pray

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

(Address) Huntsville Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Huntsville Mo Aug 17 1929  
20. UNDERTAKER ADDRESS

Tom B Patton Huntsville 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.

24 1929

