

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

Do not use this space.

5108

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. 1007 Registered No. 765  
 City Kansas City (No. St. Luke's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Josephine A. Andrews  
 (a) Residence. No. St. Luke's Hosp. St. \_\_\_\_\_ Ward Gallatin Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. 1 mos. 1 da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 John Andrews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 25 - 1872

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
57 10 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer). Home  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Darwin, C. Mo.

10. NAME OF FATHER Gas Saugers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Margaret J. Blahly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Darwin, C. Mo.

14. INFORMANT John M. Andrews  
 (Address) Gallatin Mo.

15. FILED 7/19/30 M. M. Browe  
 REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1929, 19\_\_\_\_, to Feb. 19, 1930. that I last saw him alive on Dec. 9, 1929, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute thyroidism after operation for toxic adenoma

CONTRIBUTORY (SECONDARY) myocarditis, ascites, nephritis  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Gallatin Mo  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 15 - 1930

19. PLACE OF BIRTH, CREATION, OR REMOVAL  
Brown Cemetery  
 DATE OF BURIAL 2/21 - 1930  
 ADDRESS Gallatin

20. UNDERTAKER H. A. Hope  
 (Address) Gallatin 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.

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