

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1000
City St. Joseph (No. St. Joseph Hospital)

File No. 23219
Registered No. 703
St. _____ Ward _____

2. FULL NAME

Andrew Jackson Endsley
(a) Residence, No. 1908 South 13th St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1861
7. AGE YEARS 75 MONTHS 7 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) unknown Ohio
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown
15. MAIDEN NAME Sarah Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ind

17. INFORMANT C. B. Miller
(ADDRESS) 1908 - South 13th St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarinda Iowa DATE 6-22 1937

19. UNDERTAKER Fred Terburne
(ADDRESS) Savannah Mo

20. FILED June 21, 1937 H. J. Nestlebaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Year 8 1977, to June 20 1937
I last saw him alive on June 20 1937. 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:
Extravasation
Extravasation of urine
Prostatic hypertrophy
Chronic Pyelonephritis
Other contributory causes of importance:
Hypertension
Urinal Stricture

Name of operation Suprapubic Cystostomy Date of May 30
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Chas. F. Beebe M. D.
(Address) St. Joseph Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township Washington Primary Registration District No. 1001 Registered No. 704
 City St. Joseph (No. St. Joseph's Hospital St. _____ Ward)

2. FULL NAME Andrew Jackson Endsley

(a) Residence, No. 1902 South 13th St. _____ Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. ~~MARRIED~~ WIDOWED, OR DIVORCED HUSBAND OF Sarah Lewis Endsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>7</u>	<u>19</u>	

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

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) Butler County
 (STATE OR COUNTRY) Iowa

FATHER 13. NAME Elliott Endsley

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

MOTHER 15. MAIDEN NAME Elizabeth Grouser

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

17. INFORMANT C. R. Milde
 (ADDRESS) 2541 South 22 St. St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarinda, Iowa DATE June 22, 1937

19. UNDERTAKER J. Fred Terhune
 (ADDRESS) Savannah, Missouri

20. FILED July 16, 1937 A. Westlund
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937, to June 20th, 1937

I last saw h. im alive on June 20, 1937 Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Extravasation of urine
Chronic phelonephritis

Date of onset

Other contributory causes of importance:

urethral stricture

(suprapubic cystotomy exploratory)

Name of operation _____ Date of 5/2/37

What test confirmed diagnosis? autopsy. Was there an autopsy? YES

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) Charles Green, M. D.

(Address) Phys. & Surg. Bldg.

REGISTRARS SHP NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-23-219