

Do not use this space.

3881

FILED DEC 13 1943

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

## 1. PLACE OF DEATH

County NodawayRegistration District No. 249Township Nodaway LincolnPrimary Registration District No. 5846City R.F.D. Bradyville (No. \_\_\_\_\_)

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

Registered No. \_\_\_\_\_

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

## 2. FULL NAME

Andrew Jackson McIntosh

(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.

ds.

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

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX  
Male4. COLOR OR RACE  
White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED, (write the word)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF Emma Melvina McIntosh6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th 1870

7. AGE

YEARS  
73MONTHS  
5DAYS  
21IF LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Farmer9. 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) Nov. 10, 194311. Total time (years)  
spent in this  
occupation life12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Cass Co. Missouri

FATHER

13. NAME John Wood McIntoshIndiana14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) United States

MOTHER

15. MAIDEN NAME Mary Elizabeth GamblePennsylvania.16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) United States17. INFORMANT  
(ADDRESS) Emma M. McIntosh  
R.F.D. Bradyville, Iowa.18. BURIAL, CREMATION, OR REMOVAL  
PLACE College Springs DATE Nov. 14 194319. UNDERTAKER  
(ADDRESS) L. M. Stevenson  
College Springs, Iowa20. FILED Nov 14 1943 Wm. V. Carpenter  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 194322. I HEREBY CERTIFY, That I attended deceased from Sept 1943 to Nov 11 1943I last saw him alive on Oct 1943 Death is said  
to have occurred on the date stated above, at 8:00 a.m.

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

Coronary thrombosis Date of onset 11/11

Other contributory causes of importance:

Arterio-sclerosis  
Myocardial degenerationName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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?

If so, specify \_\_\_\_\_

(Signed) Wm. V. Carpenter, M. D.(Address) Cass - 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.

