

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

14287

1. PLACE OF DEATH

County DemarestRegistration District No. 651Township CaruthersvillePrimary Registration District No. 4388City Caruthersville (No.)File No. Registered No. 47St. Ward

2. FULL NAME

(a) Residence. No. Caruthersville Mo 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

Male

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

Hattie Aldredge

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

July 7, 1867

7. AGE

60

YEARS

9

MONTHS

20

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Laborer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Dakota Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

J H Aldredge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dakota

12. MAIDEN NAME OF MOTHER

Anna Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

14.

INFORMANT

(Address)

Edd Aldredge
Caruthersville Mo

15.

FILED May 10, 1928Ada Martin

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 192817. I HEREBY CERTIFY That I attended deceased from April 1st 1928, to April 27 1928, that I last saw him alive on April 27 1928, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
137A
CONTRIBUTORY (SECONDARY) Myocardial Insufficiency

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B McKenney M. D.6/10 1928 (Address) Caruthersville 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

Maple Cemetery4/28 1928

20. UNDERTAKER

ADDRESS

A B SmithCaruthersville Mo

