

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

Do not use this space.

21573

1. PLACE OF DEATH

County Randolph
Township Shelby
City Moberly

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered No. 132
St. _____ Ward _____

2. FULL NAME

Charles Hansen Aldridge
(a) Residence. No. Salisbury St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 14 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 Clara Aldridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1905

7. AGE YEARS 73 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Alexander Aldridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Danville Kentucky
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER America Crocker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danville Kentucky
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. C. H. Aldridge
(Address) Salisbury Mo.

15. FILED June 28 1928 D. J. S. Fleming
REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1928

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1928, to June 23, 1928, that I last saw him alive on June 23, 1928, and that death occurred, on the date stated above, at 10:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of prostate
SIC
149
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTOR (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Salisbury, Mo.
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 17, 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? P.D. Stetter, M.D.

(Signed) Moberly, Mo., 19 _____ (Address) _____

*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 City Cemetery - Salisbury DATE OF BURIAL 6-26 1928

20. UNDERTAKER A. J. Minor ADDRESS For Home Undertaking, 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.

