

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

Do not use this space.

9902

1. PLACE OF DEATH

County Cedar

Registration District No. 163

File No. _____

Township _____

Primary Registration District No. H0951

Registered No. 12

City El Dorado Spgs (No. _____) St. _____ Ward _____

2. FULL NAME Wanda Lou Aldrich

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>5</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) El Dorado Spgs mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Thomas G Aldrich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) El Dorado Spgs
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lena Hammeury

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Coplingen Mills mo
(STATE OR COUNTRY)

14. INFORMANT Thomas G Aldrich
(Address) El Dorado Spgs mo

15. FILED 3-7-1929 J. W. Dawson
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to March 7, 1929 that I last saw her alive on March 7, 1929, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159
1610 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed) Bill Sanford, M. D.
, 19 (Address) El Dorado Spgs 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

City Cem. Mar 7 1929

20. UNDERTAKER J. G. Nofus, El Dorado Spgs

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.

