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

Do not use this space.

11199

File No.

Registered No. 138

1. PLACE OF DEATH
County Jasper — Registration District No. 411
Township — Primary Registration District No. 2007
City Joplin Mo No. , St. , Ward)

2. FULL NAME Joseph Elmer Aldrich
(a) Residence. No. 114 Aldrich Blvd. St., Ward.
(Usual place of abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett Aldrich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) [redacted]
(STATE OR COUNTRY) Mass.

PARENTS
10. NAME OF FATHER Wo Ricard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY)

14. INFORMANT Mrs Harriett Aldrich
(Address) Joplin, Mo

15. FILED 3/26, 19 29 Deb Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 19 29, to Mar 22, 19 29
that I last saw h[illegible] alive on Mar 21, 19 29, and that
death occurred, on the date stated above, at 7:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Valvular Heart Disease
(duration) yrs. 6 mos. 1 ds.
CONTRIBUTORY (SECONDARY) —
(duration) yrs. mos. ds.

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) J. W. Barnes, M. D
Mar 23, 1929 (Address) Joplin 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 Mount Hope Cem — DATE OF BURIAL Mar 25 19 29

20. UNDERTAKER Frank-Lewis — ADDRESS Joplin 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.

3/25 1929