

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

Do not use this space.

5

35-984-
105 - E

1. PLACE OF DEATH

County Hevier

Registration District No. 384

Township Wright Plains Mo

Primary Registration District No. 4227

City Wright Plains Mo

File No. 105 - E

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

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

widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Nathan Aldridge

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

Apr - 19 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

80

8

+

8. OCCUPATION OF DECEASED

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

Homemaker

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

Gas Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Mary Blas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14.

INFORMANT

(Address)

Gas Aldridge
Wright Plains Mo

15.

FILED 11-25-30

O. A. Hecrich

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

11/24 1930

17.

HEREBY CERTIFY, That I attended deceased from Nov 18, 1930, to Nov 18, 1930.
that last saw him alive on Nov 18 1930, and that death occurred, on the date stated above, at 11:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Pneumonia

1095

162

(duration) about 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Senility

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Symptoms

(Signed)

R. A. Spader, M. D.

11-25-1930 (Address)

West Plains 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

East Lawn

11/25 1930

20. UNDERTAKER

ADDRESS

McFarland's

Wright Plains 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 very important.

