

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.

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

Do not use this space.

12825

1. PLACE OF DEATH

County Schuyler
Township Prarie
City Queen City Mo. (No.)

Registration District No. 806
Primary Registration District No. 4485

File No.
Registered No.
St. Ward

2. FULL NAME Max Nelson Aldridge

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5th 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
59 11 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 227
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Queen City Mo.,
(STATE OR COUNTRY)

10. NAME OF FATHER Charles Aldridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amelia J. Minear

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mrs. Max Aldridge
(Address) Queencity Mo.

15. FILED 3/30/1931 J. A. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 19 31

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1930 to March 25 1931 that I last saw him alive on March 25 1931, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Kidney
51A
95B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heart

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED Home

19. DID AN OPERATION PRECEDE DEATH? No DATE March 26/29

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? L. H. V. E. M. D.

(Signed) Queen City 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

Queencity Cemetery Mar 27 1931

20. UNDERTAKER ADDRESS

Wm H. West Queencity

