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

Do not use this space.

15218

1. PLACE OF DEATH Pettis

County _Pettis_ Registration District No. **670** File No. _____

Township _Prett Heath creek_ Primary Registration District No. **5896** Registered No. **8**

City _____ (No. _____) St. _____ Ward. _____

2. FULL NAME _Isaac M Aldridge_

(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	MEDICAL CERTIFICATE OF DEATH

3. SEX M | **4. COLOR OR RACE** W | **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _April 8, 1931_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Susan Bell Aldridge_

22. I HEREBY CERTIFY, That I attended deceased from _Apr 3 - 1931, to Apr 8 - 1931,_ I last saw h___ alive on _Apr 8 - 1931._ Death is said to have occurred on the date stated above, at _8_ P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Dec. 23 - 1867_

7. AGE YEARS _73_ | MONTHS _4_ | DAYS _16_ | If LESS than 1 day, ___ hrs. or ___ min.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _5 PM Apr. 8 1931_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Farmer_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

Arterio Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Vir_

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _No_

13. NAME _Wm Aldridge_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Via_

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

15. MAIDEN NAME _Lucy Aldridge_

Where did injury occur? _____
(Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Vir_

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) _Mrs I M Aldridge Pettis Mo_

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _Miller Chapel_ DATE _Apr 10, 1931_

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _No_ If so, specify _____

19. UNDERTAKER (ADDRESS) _Williams Sedalia Mo_

(Signed) _J. D. Prowell_, M. D.

20. FILED _5-9, 1931 Flossie Ferguson_ Registrar.

(Address) _Longwood Mo_