

N.B.—Every item of information should be carefully supplied. AGE must 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.

23898

1. PLACE OF DEATH

County Saline
Township Marshall, Mo.
City Marshall, Mo.

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 72
St. _____ Ward) _____

2. FULL NAME William Aldridge

(a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>offic. sprinkle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17, 1872</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>5</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Flower Mill</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 2, 1931</u>		
11. Total time (years) spent in this occupation <u>7 yrs.</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Postal, Mo.

13. NAME Joel Aldridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

15. MAIDEN NAME Virginia Bates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

17. INFORMANT May Aldridge (Daughter)
(ADDRESS)
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge & Cemetery DATE June 8, 1931

19. UNDERTAKER J. L. Sweeney
(ADDRESS)
Marshall, Mo.

20. FILED 6-13 1931 Mrs. John H. McGivern
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1931
22. I HEREBY CERTIFY That I attended deceased from June 3, 1931, to June 6, 1931
I last saw him alive on June 6, 1931. Death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage (apoplexy)
Date of onset 6/3/31

Other contributory causes of importance:
Cardiovascular renal disease of about four years duration

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) J. L. Sweeney, M. D.
(Address) Marshall, Mo.

