

NOV 23 1931

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

Do not use this space.

33863

1. PLACE OF DEATH

County Cass
Township Palb
City (No.)

Registration District No. 15-9
Primary Registration District No. 0-224

File No.
Registered No. 125 St. Ward)

2. FULL NAME

Mrs Mary B. 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 1842</u>		
7. AGE <u>89</u>	YEARS <u>9</u>	MONTHS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>		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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	13. NAME <u>Juno Reepe</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	15. MAIDEN NAME <u>Eschelle Davis</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	17. INFORMANT (ADDRESS) <u>Juno Aldridge</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red County</u> DATE <u>Oct 18</u> 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>W W Noy</u> <u>Pleasant Hill</u>	
20. FILED <u>10/21</u> 1931 <u>W Beckman</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1931, to Oct. 16, 1931.
I last saw him alive on Oct. 16, 1931. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Malignant Hypertension
Myocardial Regeneration
Date of onset unknown

Other contributory causes of importance:
100
100
100

Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? no

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) L. V. Munay, M. D.
(Address) Pleasant Hill, Mo.

