

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.

41646

1. PLACE OF DEATH

County Montgomery
Township Bellflower Mo
City Bellflower Mo (No.)

Registration District No. 596
Primary Registration District No. 57870

File No.
Registered No.
St. Ward)

2. FULL NAME Mrs Sarah J.E. Aydelott

(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 27 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Samuel T. Aydelott
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 th 1856

7. AGE YEARS 75 MONTHS II DAYS 6
If LESS than 1 day, ... hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) Bellville Mo
(STATE OR COUNTRY) Montgomery Co

13. NAME Henry Hoss

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

15. MAIDEN NAME Martha Edlison

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

17. INFORMANT X S.T. Aydelott
(ADDRESS) Bellflower Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellflower Mo DATE Jan 1st 1932

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED 1/31 1931 R. W. Fisher
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/1931 ; 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1931, to 12-30, 1931

I last saw him or her alive on 12-27, 1931. Death is said

to have occurred on the date stated above, at 10 A m.

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

Cardiac Insufficiency
of several years standing
95B
77

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Clinical Date of 12/30/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 12/30/31

Where did injury occur? No

(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) H. R. Minnick, M. D.

(Address) Bellflower Mo

