

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

Do not use this space.

19018

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Expelton Springs (No. _____) St. _____ Ward _____

2. FULL NAME Merritt E. Aldrich
 (a) Residence, No. 407 E. Broadway St. Expelton Springs, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 7780

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 Fannie Aldrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 11, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>11</u>	<u>10</u>	<u>0</u>

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eye County Pa.

13. NAME Johnathan Aldrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chenango Co. N.Y.

15. MAIDEN NAME Sarah Carroll

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

17. INFORMANT Fannie Aldrich (ADDRESS) Expelton Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Astell Home 6-14 1932

19. UNDERTAKER Edgar F. Piller (ADDRESS) 217 W. Broadway, Expelton Springs, Mo.

20. FILED 6/12 1932 Y. D. Crowell Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/11 1932

22. I HEREBY CERTIFY That I attended deceased from 6/7 1932 to 6/11 1932
 I last saw him alive on 6/11 1932. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Stroke apoplexy Date of onset 6/9/32
82 1/2
97
8 2 A

Other contributory causes of importance: Arteriosclerosis Robert Moore

Name of operation none Date of _____
 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 _____, 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) H. J. Clark M. D.
 (Address) Expelton Springs, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state every item of information should be carefully supplied.

22 1934

