

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 important.

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

Do not use this space.

12131

1. PLACE OF DEATH

County Wagoner
Township 1211
City State Hospital #3 (No. 1211)

Registration District No. 875
Primary Registration District No. 6162

File No. 67
Registered No. 67
St. Mo. Ward 1

2. FULL NAME

Amanda Aldredge
(a) Residence, No. State Hospital #3 St. Mo. Ward 1
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>91</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) <u>—</u>
	11. Total time (years) spent in this occupation <u>—</u>

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

13. NAME Samuel Aldredge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

15. MAIDEN NAME unknown

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

17. INFORMANT State Hospital #3
(ADDRESS) Nebraska Mo.

18. BURIAL, CREMATION, OR REMOVAL State Hospital #3
DATE 9-23

19. UNDERTAKER State Hospital #3
(ADDRESS) Nebraska Mo.

20. FILED 3-20 19 33 E. R. King
Registrar

91 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1927, to March 6 1933

I last saw h. c. alive on March 6 1933 Death is said to have occurred on the date stated above, at 9:50pm.

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

93 ch myocarditis
97
93 ch
Other contributory causes of importance:
Cerebral arteriosclerosis

Name of operation — 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? — 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) K. S. Sings M. D.
(Address) State Hospital #3

917.7th St
Bacum Co, Mo