

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.

MAY 22 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

12845

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 364Township ParkPrimary Registration District No. 364City St. Louis (No. 364)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Ernest Roy Aldrey Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Aldrey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 18917. AGE YEARS 42 MONTHS 3 DAYS 3 IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Telegraph operator

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) Feb 10 1933 11. Total time (years) spent in this occupation 1612. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Ga13. NAME P. M. Aldrey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Laura Trotter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Maudie Aldrey18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 4/1819. UNDERTAKER (ADDRESS) St. Louis20. FILED 4/17 1933 E. M. Reynolds Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 193322. HEREBY CERTIFY, That I attended deceased from Jan 1933 to April 16 1933I last saw him alive on Jan 15 1933 Death is saidto have occurred on the date stated above, at 11550 mm

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

Cerebro-malacia Date of onset about Jan 1932Other contributory causes of importance: Chronic State of Lung Feb 14 1933

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) Ant P. Anette M. D.(Address) King City, Mo

