

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35792

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. _____

City St. Joseph(No. State Hosp. #2)

File No. _____

Registered No. 1175

St. _____ Ward _____

2. FULL NAME Eliza Aldrige

(a) Residence, No. _____ St. _____

(Usual place of abode)

Ward _____

(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 Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 5 20

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Reed St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Barksville MoDATE Dec 2

1935

19. UNDERTAKER (ADDRESS) W O Sidergaden St Joseph Mo20. FILED 12-1-1935Registrar John P. Bender

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 193322. I HEREBY CERTIFY, That I attended deceased from March 23 1917 to Nov 30 1933I last saw him alive on Nov 30 1933 Death is saidto have occurred on the date stated above, at 9:30 AM

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

Date of onset _____

Chronic Nephritis
34
92C
prior to death

Other contributory causes of importance:

Siphelitis
prior to March 23 1927

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) W O Sidergaden

M. D.

(Address) St. Joseph Mo

