

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.

35945

1. PLACE OF DEATH

20 County Cedar

Township

1 City El Dorado Springs No.Registration District No. 168Primary Registration District No. 4095

File No.

Registered No. 70

St. Ward

22. FULL NAME Ettie Mae Aldrich

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 1891</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>2</u>
		<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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) Pike Co. Ark
(STATE OR COUNTRY)13. NAME Dont know14. BIRTHPLACE (CITY OR TOWN) - - -
(STATE OR COUNTRY)15. MAIDEN NAME - - -16. BIRTHPLACE (CITY OR TOWN) - - -
(STATE OR COUNTRY)17. INFORMANT Thomas A. Aldrich
(ADDRESS) El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE El Dorado Spgs DATE 11/11 193319. UNDERTAKER Walter Funeral Home
(ADDRESS) El Dorado Spgs Mo20. FILED 11-30- 1933 J. H. Dawson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 193322. I HEREBY CERTIFY, That I attended deceased from 1929, 1933, to Nov 29, 1933I last saw him alive on Nov 29, 1933. Death is said to have occurred on the date stated above, at 12:30 m.

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

Hypostatic Pneumonia Date of onset Nov 25Chronic Rheumatism57811113

Other contributory causes of importance

Name of operation 578 Date of 11/11/33What test confirmed diagnosis? 578 Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1933

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) M. P. Royston M. D.(Address) El Dorado Springs

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10/10/01 BY 60322 UCBAW/STP

10/10/01

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