DEC 28 1934

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

Do not use this space.

File No. 40076

Registered No. 154

1. PLACE OF DEATH

County: Mississippi

Township: Tywappity

City: ~~Bertrand~~ (No. ..... , ... St. ..... Ward).

Registration District No. 576

Primary Registration District No. 576a

2. FULL NAME: G. H. Aydelott

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~: Mary Aydelott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4 - 1849

7. AGE: YEARS 85 | MONTHS 0 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston County Ky

FATHER

13. NAME: Zeke Aydelott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Mary Seville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: Son - Mr. Aydelott
(ADDRESS) Bertrand - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill Cem. DATE: Nov. 11, 1934

19. UNDERTAKER: Frank Lair Funeral Service
(ADDRESS) Charleston Mo.

20. FILED: Nov 11th, 1934 Frank S Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 10, 1934 11:20 P

22. I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1934 to Nov 10th, 1934

I last saw him alive on Nov 4th, 1934. Death is said to have occurred on the date stated above, at 11:20 P m.

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

	Date of onset
Bronchial Pneumonia	
& Senility	

Other contributory causes of importance: Influenza & Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Frank S Vernon, M. D.

(Address) Charleston Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD